5 9 0 8 .00 -	2 0	FOR STATE PREGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. N	. 1 3	103	3
eath eath		CEASED NAME FIRST	PINIA MAE	PATTER SOA	20. DATE OF DEATH	5 25	89 02	.6
2 0.0	3. SE		1. RACE CANCASIAN	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	V	INDER I YEAR IF UNDE	MIN.
eoth. Pos merel dire	7a. BII	RTHPLACE (STATE OR FOREIGN)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OF		DEATH	MD.
by the fy	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET BALTIMIKE	ADDRESS! HOSP.	120. USUAL OCCUPATI (1YPE OF WORK FOR MOST OF	OF WORKING LIFE)	126. KIND OF BUSIN INDUSTRY	PING
filled in	m	AL RESIDENCE (IF NURSING HIME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 134, CITY OR TOV	YES NO [00.00	ZIP CODE	21157	45E
ompletely send 2 second	M. FA	THER'S NAME HARLES THOI	MAS SPIDL	E SUSIE	JANE	b	AKT	-2
on ond con. Poge			RMED FORCES? 166 SOCIAL SECTION OF WAR OR DATES)	JRITY NO. 17. INFORMANT PAI	Herson 107	FRET M	IANRO.	C. 2964
ires that the death certifical gned by the attending phys in please remove carbompop burial, cremation, or remove ry, or other traumatic event,		PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	ence of and dehyolic	· . V. A	DITION GIVEN	APPROXIMATE INTE BETWEEN ONSET ANI	peam
a low required to the second of the second o	CERTIFICATION	19a date of operation	196 CONDITION FOR WHICH	I OPERATION WAS PERFORMED	200 AUTOPSY?		/ERE FINDINGS USE IG CAUSES OF DEA	ATH?
G PHYSICIAN; The protection of the central contraction of the central contraction of the central contraction of the central ce	MEDICAL CER	218, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 218. INJURY OCCURRED WHILE NOTIWHIE AT WORK AT WORK	ATH HOUR A.M. MONTH D	19 2H LOCATION				STATE
OR ATTENDIN ne hospitol or DIRECTOR: Aft oched for use or Dept. of Health If Item 21 is mor		220.1 certify that (this hasp	ital) attended the deceased from 19 party view the body after death.	DEGREE ATTENDING	MEDICAL STA	FF .	nd from the couses st	toted
to Hospital etained by the TO Funeral should be det with the State IMPORTANT:		22d. PHYSICIAM'S MAME (1496	Sk print)	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSIC	2 H	1-1271	10/

DHMH - 16 60M 7/84

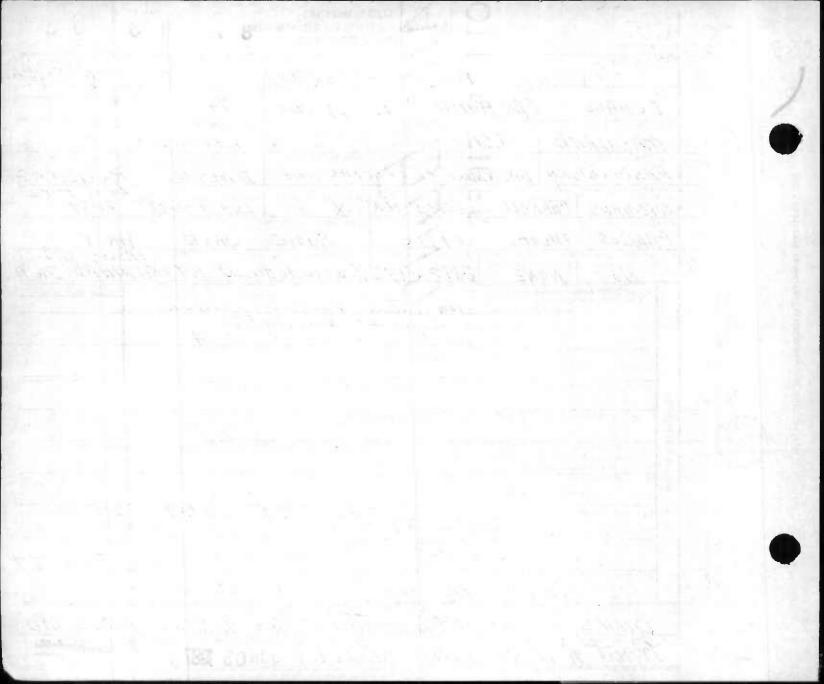
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230. BURIAL CREMATION, REMOVAL

(VRA 15, 4)

236. DATE

23c, NAME OF CEMETERY OR CREMATORY



5	3	703
	be executed within 24 hours ofter death. Page 4 may be	n and campletely fulled in by the furecal director, page 3. Pages 1 and 2 should be filed within 72 hours after death
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be etaoned by the haspital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely fulled in by the funesal director, page 3 should be detached for use as the burial-transit permit. Then please remove corbanapers. Pages 1 and 2 should be filled, within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

03

medical

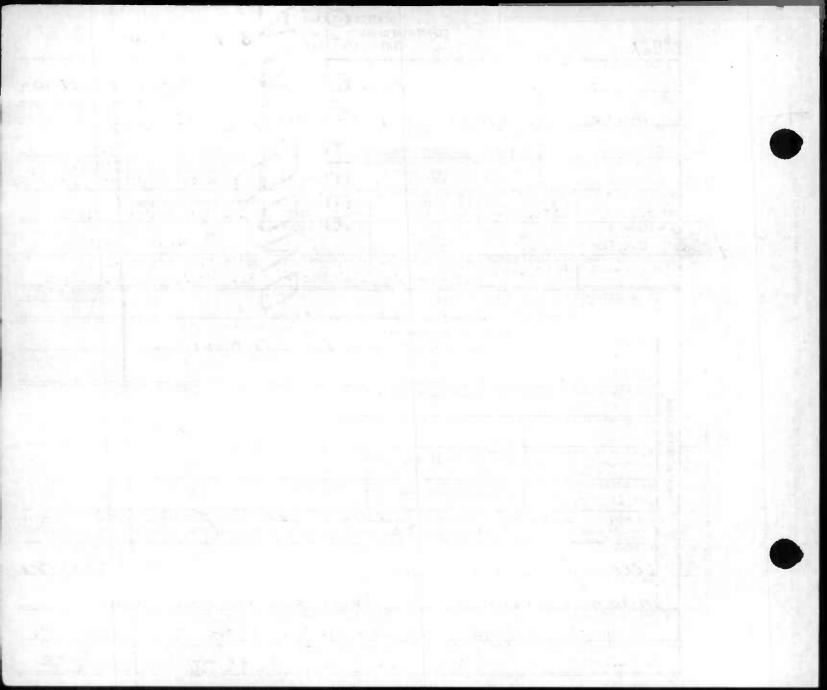
IMPORTANT: If them 21 is morked or them 18 stows any injury, or other troumotic event. The

STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENB	7 REG. N	10.	3	
LAST	20. DAT	E OF DEATH	MONTH	DAY	

1		FOR STATE REGISTRAR			DEPA		IEALTH AND MENT		REG. N).	3 1	0	2
		CE ASED NAME	FIRST	N	AIDDLE	1	AST	2a. D	ATE OF DEATH	MONTH	DAY YEAR	26 HC	UR
	(TABE	OR PRINT)	J.	Far	lev	Pec	ch		5	-1:	2 - 198	> 17	HOM
	3. SE>	X		RACE	J	5. DATE C		6. AG	E (IN YEARS LAST BIR	(HDAY)	IF UNDER 1 YE	AR IF UND	ER 24 MRS
	-					MONTH		EAR			MONTHS DAY	S HOURS	MIN.
21	7n Bli	RTHPLACE (STATE OR	FOREIGN	A CITIZEN OF V		RY? 8	-04-19	_ 9 BA	LTIMORE CITY O		Y OF DEATH		
5	(COUNTRY)	ONEIGN			MARRIE	D NEVER MARRI	ED XX					
\leq		laryland	7		States		DIVORC				County	05 011511	MD.
1	R	Randallsto	wn /	Baltim	ore Cou	inty Gen	neral Hosp	oital M	USUAL OCCUPATI OF WORK FOR MOST O Onumenta.	F WORKING L Eng	industr raver	Chas	ch&Sor
36		AL RESIDENCE (IF NURS		imore	GIVE RESIDENCE BE Moodst		13d. INSIDE CITY LIV		TREET ADDRESS			1163	
-	14 FA	THER'S NAME	-				15. MOTHER'S MAI	DENNAME					
51	1	Charles		F.	Peac	-h	A. FIRST		Lore	ena	Mi	ller	
1000	160 V	VAS DECEASED EVER	IN U.S. AR/		16b. SOCIAL S		17. INFORMANT M	Irs. Do	ris CADDRE	Stdeh	rand		
1	-61	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES	219-10)-4334	3110 Herr				, MD.	2116	3
		18 CAUSE OF DEAT PART I. DEATH W	H (Enter onl	y one couse per BY:	line for (a), (b)	, and to					-	OXIMATE INT	
			IMMEDIAT	E CAUSE (0)			nic sh	OCH					
					R AS A CONSE								
		Conditions, if ony gove rise to import couse (0), stotic underlying couse	mediote ng the		R AS A CONSE		COARICA		Farciv	vn_			
	TION						NOT RELATED TO T						
1	CERTIFICATION	19a DATE OF OPERA	IION	196. CONDI	TION FOR WH	IICH OPERATIO	IN WAS PERFORMED		S NO	IN CERT	ES, WERE FINI FIFYING CAUS YES []	ES OF DE	ATH?
9		210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEA	TH HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY	OCCURRED (ENTER NATURE OF INJU	RY IN ITEM 16	3 PART I OR PART 2	"	
	MEDICAL	21d INJURY OCCUR	HILE	21e PLACE (OF INJURY EET, FACTORY, OFF	ICE, FARM, ETC.)	2H. LOCATION STREET		CITY OR TO	WN	COUNTY	4	STATE
		220.1 certify that (1) saw the deceas above, (1) (we) (ed alive on.	5 - 1	3 1	F	nd that in (my) (our)	opinion death	occurred on the de	ote and he	our and from t		(<u>we)</u> lost stoted
		22b. SIGNATURE					DEGREE		-5300		22c. DA	TE SIGNE	D
		colon.	90	1,,111	1.00 1	1.0.	ATTEN PHYSI		DICAL STA		5	- 12	- 5->
1		22d. PHYSICIAN'S N	AME (TYPE O	PRINT)		3 6 17 .	22e. ADDRESS						
		Allan	7.0	hine-	us a	1.0	Ba1 +.	Cuun	10 11-		4050		
	23a F	BURIAL, CREMATION,		23b. DATE	1	23c. NAME OF C	EMETERY OR CREM		d. LOCATION		1217		
*		(SPECIFY) Buria		5/15/8			ohonsus Ce		Voodstock	, p	altimo	20	MD.
	24_FL	UNERAL DIRECTOR I				Direct	ore Inc	25a. DATE REC					ы.
84	8	728 Libert	y Roa	d Randa	allstow	m, MD.	21133	MAY.	1 4 1097	Lulia	Davidson	Rande	100

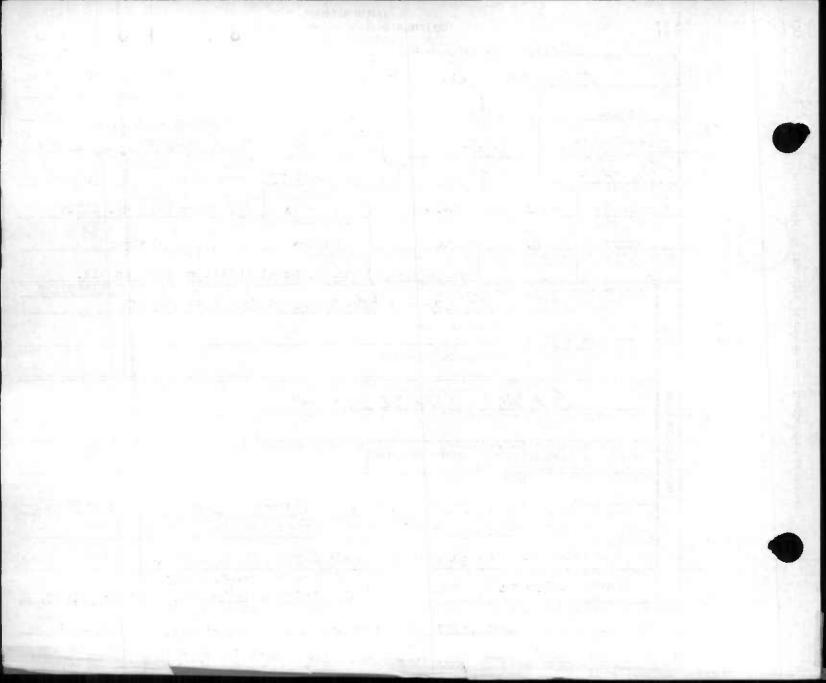
DHMH - 16 60M 7/84 (VRA 15, 4)

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8 9 MY 2	11	FOR STATE		DEPART	MENT OF H	EALTH AND MENTAL HYG	IENE 8 7	1 3	10	Emp
			anche B.		CEPTIE	ICATE OF DEATH	REG. N	0.	1 0	7
		CEASED NAME FIRS	1	WIDDIE	(-)	AST		YAO HTHOM	YEAR 2b 1	HOUR
offer deoth	TYPI	ORPRINTI B/A	uche	B.	Pr	111,65	(5 20	87	96
ē	3. SE	X	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UN		NDER 24 HR
5 2		Female	Whi	te		2, 1909	78	YRS.	DAIS MOC	MIN.
		RTHPLACE STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	HTATH	-51
15		ennsylvania	U.S	.A.	WIDOWE		DAHimo	ee (allN	141
() h	10 C	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTITUTION	120 USUAL OCCUPATI		b. KIND OF BUS	SINESS
20		lowsoD	57	1100	MOF	is Hospice	Home Make		Own Ho	ome
- THE	USU.	AL RESIDENCE LIF NURSING HO	ME OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)				01111	JIN O
35			altimore	Towson		13d. INSIDE CITY LIMITS? YES \(\begin{array}{ccc} NO \(\begin{array}{ccc} X \\ \end{array}	13e.STREET ADDRESS A		21204	1
90	_	ATHER'S NAME	di cimoi c	10,000	A	15. MOTHER'S MAIDEN NA		meda na	. 2120	
15/		FIRST	MIDDLE	LAST		FIRST	WIDDLE	-	LAST	
24	16n \	Harry VAS DECEASED EVER IN U.:		ennett 1166. social seci	IRITY NO	Martha 17 INFORMANT	J.	Palme	r	
medic			ES, GIVE WAR OR DATES)	TOD. SOCIAL SECT	DKII 1 140.				""	
ф Е		No.		207-09-3	1196B	Mr. H. Stee	I Phillips	Same as	APPROXIMATE BETWEEN ONSET	
permit. Then please ne prior ta burial, cr. ws.any injury, or ath	CERTIFICATION	PART 2. OTHER SIGNIFICA	CONDITIONS C	CAK	CIN	NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YES, WEI	RE FINDINGS I	EATH?
Hem 18 sho	<u> </u>	210. ACCIDENT WAS UNDERLYIN	G T 21b. TIME C	OF INJURY		21c HOW INJURY OCCUR	YES NO	YES [0 🗆
HOL		OR CONTRIBUTING CAUSE		M. MONTH D	AY YEAR	THE THOR WHO CHECK	TENTER INATORE OF 1190	KI PHILEM TO PART TO	JA PART 2)	
Menta or Hem	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXA		.M. OF INJURY	19	21f LOCATION				
o pa	ME	WHILE NOT WHILE TO AT WORK	CAT HOME ST	REET, FACTORY, OFFICE.	FARM, ETC)	STREET	CITY OR TO	WN C	YTHUO	STATE
lth o						07	120	2	07	
af Heo 21 is n		sow the decease air obove, (I) (we) (did) d	6/0	19 8	37/.0	d that in (my (our) apinion	death occurred on the de	ote and hour and	from the couse	es stated
Dept.		22b. SIGNATURE	A C	O/ -	0	DEGREE ATTENDING	MEDICAL STAI		22c. DATE SIGN	1ED
T Z	1	Carre	- ~ 00	ee4 as		PHYSICIAN [DIRECTOR PHYSIC	IAN		
with the State		22d. PHYSICIAN'S NAME	Alexande	w M D		27e. ADDRESS Stell	a Maris Hos	pice		
MP AP		Carra 5.	ATEXALICE	r, M.D.		2300 Dulane	v Vallev Rd	- Tows	on. MD	212
3 <	23a I	BURIAL, CREMATION, REMO	VAL 23b. DATE	23c.	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		INTY	STATE
		Cremation	May2	2.1987 W	lestvi	ew Crematory	Baltimor		aryland	-
6 60M 7/84		JNERAL DIRECTOR		10)50 Yo		E REC'D. BY REGISTRAR			-
15, 4)	Ru	ck Towson Fun	eral Home				AY 25 1987	Julia Da	sideon Ras	dass

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., .	1.	FOR - STATE REGISTRAR	DEPARTA	CERTIF	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 /	1/3	3/8/7 0 6
	1. DE	GEASED NAME FIRST FRATE	MK MIDOMICHAEL		SPILACHOWSKI	20 DATE OF DEATH	5 15	87 105 PM
	3 SE	M Male	Why We White	5. DATE C		6 AGE (IN YEARS LAST BIRTI	YRS.	S DAYS HOURS MIN.
4000	Ma	ryland Md.	US.A.	WIDOWE	92	9 BALTIMORE CITY OF	& Balt	imore County
Single	To	wsontowsor	NAME OF HOSPITAL, NURSIN	ADDRESS)	NOSDITAL.	120 USUAL OCCUPATION (ITYPE OF WORK FOR MOST OF Engineerin	WORKING LIFE) IN	s. KIND OF BUSINESS OR NDUSTRY ghapher ATAT
Sales Park	13a. S	- J		N	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / 6304 Banbi	ZIP CODE ury Road	d 21239
30		John Jose	eph Pilach			MIDDLE		Stadter
medical		WAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) IF YES, GIVE W.			17 INFORMANT Carolyn K. Pi	ADDRES lachowski 6	Dalli	more, Maryland bury Rd. 21239
metic event, the		18. CAUSE OF DEATH lenter only of PART I. DEATH WAS CAUSED B IMMEDIATE C	DUE TO, OR AS A CONSEQUE	euroc		"infantio	200	APPROXIMATE INTERVAL BETWEEN ONSPT AND DEATH 2 NOWAS YEARS
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE		9 40			
'Austus	NO.	PART 2 OTHER SIGNIFICANT COM	NDITIONS <u>CONTRIBUTING TO </u>	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN I	N PART Tia
yuo swa	RTIFICATION	5/13/87	Colonery A	operatio	y Delegle	200. AUTOPSY?		RE FINDINGS USED G CAUSES OF DEATH? NO
tem 18 s	AL CE	218. AÉCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b, TIME OF INJURY / HOUR A.M. MONTH DA	YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM TB PART I I	OR PART 2)
5	EDIC	21d. INJURY OCCURRED	21e PLACE OF INJURY		211. LOCATION	CITY OR LOV	/NI (OUNTY STATE

NOT WHILE

220.1 certify that (I) (this haspital) attended the deceased from

COUNTY STATE

CITY OF TOWN

and that in (my) (par) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

ATTENDING PHYSICIAN 22e ADDRESS

211. LOCATION STREET

230. BURIAL, CREMATION, REMOVAL Burial

226 SIGNATURE

23b. DATE 5-18-87 23c NAME OF CEMETERY OR CREMATORY

Most Holy Redeemer

DEGREE

ACS

23d. LOCATION Baltimore C'D. BY REGISTRAR

MEDICAL STAFF
DIRECTOR PHYSICIAN

24 FUNERAL DIRECTOR

Mitchell-Wiedefeld Home 6500 York Road 21212

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the buriol-tronsit permit, with the Stote Dept. of Health and Mental Hygiene prior MPORTANT: If them 21 is marked or them 18-shows any

ATTENDING

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72 hours ofter

ond

physician

BP.

ATTENDED TO THE SECOND OF THE SECOND STATES OF THE SECOND SECOND

8728 Liberty Road Randallstown Maryland 21133

(VRA 15, 4)

STATE OF MARYLAND

STEAT SHEET VILLE VILLE VILLE SUBSTITUTED AT THE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE Q -STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH MIDDLE I. DECEASED NAME ETYPE OR PRINTS 5/6/87 PLONK CHARLES E. 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE 7/14/32 54 B To BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH Balto., Md. MARRIED NEVER MARRIED U.S.A. DIVORCED WIDOWED County IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION FOR MOST OF WORKING LIFE "6040 Old Frederick Rd. Catonsville USUAL RESIDENCE LIF NURSING HOME OF OTHER INSTITUTION 13a. STATE Balto. Catonsville 6040 Old Frederick Rd. Md. 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Plonk Marie Venable Howard ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT Sylvia Plonk 6040 Old Frederick Rd. (IF YES, GIVE WAR OR DATES) IYES NO OR UNKNOWN) 219 28 6967 18 CAUSE OF DEATH (Enter only one couse per line far ia), (b PART I, DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lia CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 71d INJURY OCCURRED The PLACE OF INJURY

COUNTY CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE FARM ETC.) AT WORK AT WORK 220.1 certify that (I) (this haspital) attended the deceased from saw the deceased give on A abave. (I) (we (did not) view the body ofter death. and that in (my) (part) opinion death accurred on the date and hour and from the causes stated 22h SIGNATURE 226 DATE SIGNED DEGREE ATTENDING ! MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS DRM CB4 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 236. DATE (SPECIFY) Burial 5/11/87 CITY OF TOWN Arbutus Balto 24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

O FUNERAL D hould be detected with the State D

MPORTANT

James A. Morton & Sons 1701 Laurens St.

7h HOUR

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IF UNDER 24 HRS

IF UNDER 1 YEAR

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should be deto with the State IMPORTANT: I

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH CREGISTRAR REG. NO 7a. DATE OF DEATH DECEASED NAME 26 HOUR TYPE OR PRINTI 3 87 9:20 a.m 5 GARNET POLLITT 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR IF UNDER 24 HRS 3. SEX 4 RACE 16 AR 70 Female Caus. BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED KENTUCKY USA Balto. County WIDOWED DIVORCED IR CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) FIE NOT IN SUCH FACILITY GIVE STREET ADDRESS! LAUNDRY DUNDALK . CLERK Meridian-Heritage Nsg. Ctr USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Md. Baltimore Balto., Md. 4035 St. Augustine La., 21222 NO [15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME PEARL BOGGS FRED WARD Glen Burn Mes Maryland 21061 rice 409 Warlock Court 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT (YES NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST Joann Price No 271-12-2100 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BYevers IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 70h, IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [210 ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNT STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC) WHILE NOT WHILE AT WORK 22a. I certify that (I) (this hospital) attended the deceased from and that in my our) opinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING ANDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

231 NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR Raymond C (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL

BURIAL

Fink Glen Burnie, Md 21061

23b. DATE

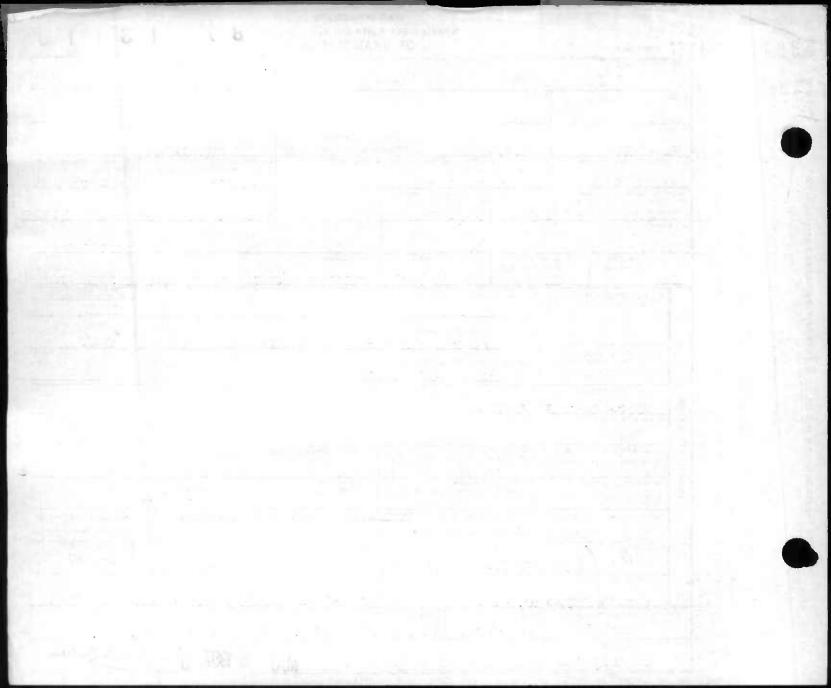
5/6/87

Glen Burnie A.A Glen Haven Park 250. DATE REC'D. BY REGISTRAR 251/ R

703 S Clinton Street 21222

The second of the CE 10 5M alexant moto file of harmy 65

/	1					STA	E OF MARYLAND					
16	1.	FOR STATE			DEP		TEALTH AND MENT		E 8 7	- 1	3 1	10
1 1	07		C 040	56 641			FICATE OF DEATH		REG. NO	N .		
		CEASED NAME	FIRST		MIDDLE		LAST	20.	DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR 🔼
			STEV	2			PAS		AY 5, 19			11:40 m
	3. SEX	(4 RACE		5. DATE	OF BIRTH	6 A	AGE (IN YEAR'S LAST BIR		MONTHS DAYS	HOURS MIN.
0	MZ	LE		WHITE		DECE	MBER 11. 1	921	6.	5 YRS.		
5		RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUN	TRY? 8 MARRI	D NEVER MARRIE	ED 🗆 9. 8	BALTIMORE CITY O	R COUNTY	OF DEATH	
8		RGINIA		U.S.		WIDOW	ED DIVORCE	ED XX B	ALTIMORE_C			MD.
200	10. CI	TY OR TOWN OF DE	ATH		HOSPITAL, NI CH FACILITY, GIVE		OR OTHER INSTITUTIO		I. USUAL OCCUPATION OF OF WORK FOR MOST O			OF BUSINESS OR
9		ORT HOWARD			TCAL CE			5	SALESMAN		West	ern Aut
22	USU/ 13a S	AL RESIDENCE (IF NUR	13b. COUN	OTHER INSTITUTION	13c. CITY OR	TOWN	134. INSIDE CITY LIM	MITS? 13e	STREET ADDRESS	ZIP CODE		
1		RYLAND	BALT	TMORE	BALTIN	1ORE	YES NO [828 W. CO	LLING	HAM DRT	VE 2122
2	JA FA	THER'S NAME FIRST		MIDDLE	LAS	1	15. MOTHER'S MAID	DEN NAME	MIDDLE		ŁAS	57
/		TEVE			POPPA		CARRI	Œ	400Pr		HAY	SLIP
1		VAS DECEASED EVER		MED FORCES? (E WAR OR DATES)	166 SOCIAL	SECURITY NO.	17 INFORMANT		ADDRE	:33		
ž.	YI	ES	WWI	Ι	278 1	18 7441	CLINICAL	RECO	RDS, VAMC	FOR		
		18 CAUSE OF DEAT PART 1. DEATH V	H (Enter or	ly one cause pe	r line for (a), (bi, and (ci.)						ONSET AND DEATH
-		TAKI I DEATH		E CAUSE (a)	PNEUMO	NIA					DAY	<u>/S</u>
101						SEQUENCE OF					7.000.7	
and a		Conditions, if any gave rise to im		(b)_	OLD CV	HITW A	EFT HEMIP	ARESIS	5		YEA	ARS
othe		cause (a), stati underlying causi	ng the			SEQUENCE OF						
ō						TOID AR				10.17.00.1.00	(Fall 10 10 10 7 1	
wlork,	z				-	5 TO DEATH BU	T NOT RELATED TO TH	HE LEKMINA	AL DISEASE OR CON	IDII ION GI	VEN IN PART 11	a.
à d'	AIK	SICKLE (TION	HALASSE 19b. CONE	OITION FOR W	HICH OPERATION	ON WAS PERFORMED		20a AUTOPSY?	20b. IF YE	S, WERE FINDI	NGS USED
-	IFIC								YES NOTY		FYING CAUSES	S OF DEATH?
1/1	CERTIFICATION	210. ACCIDENT WAS UN							(ENTER NATURE OF INJU			
1		OR CONTRIBUTING		NI I	lm. Month lm.	DAY YEAR						
	MEDICAL	21d INJURY OCCUR		21e PLACE	OF INJURY		211 LOCATION		CITY OF IC	OWN	COUNTY	STATE
	¥	WHILE NOT W	PHILE	(AT HOME, S	IREET, FACTORY, O	FFICE, FARM, ETC.)	SINCE					
		220.1 certify that (1) (this hosp	ital) attended t	he deceased f	ram MARC	H 24 , 19.	87	, ta MAY 5		19_87	, that (I) (we) last
		saw the deceas above, (1) (we) (sed alive an	MAY 5			ind that in (my) (our)	opinian dea	th occurred on the d	ate and ho	ur and from the	causes stated
>		226 SIGNATURE	1	A CALL THE DOG	I		DEGREE					SIGNED
E		0 1	In	stod	n	MID	ATTEN	DING /	MEDICAL STA		5-:	5-87
1		226 PHYSICIAN'S N	AME (TYPE	OR PRINT!			22e ADDRESS					
/ WPORTA		CAROLINA	CUSTY	DTO. M.	.D.		VA MEDIC	CAL CE	NTER. FOR	T HOW	ARD. MD	21052
1	23a. E	BURIAL, CREMATION				23c NAME OF	CEMETERY OR CREMA		23d. LOCATION		COUNTY	STATE
		Buria	1	5/9/	1987	Holly	Hill Cer	m.	Balt	timor	e. Md	
7/84	24 F	UNERAL DIRECTOR			ADD	RESS			C'D. BY REGISTRAR	25h REGIS	TRAR'S SIGNA	Pandage
		Connelly	Fun	eral H	lome o	f Dund	alk	MAY	8 1987	guna		



DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 2a. DATE KNOWN ESTI-DEATH MATED BALTIMORE OR INDUSTRY Medicine Md. 21120 1338 Harris Mill Rd., Parkton Bossi ADDRESS Rd. Parkton 21120 Mrs. Anne C. Powder, 1338 Harris Mill CERTIFICATION 20 AUTOPSY? YES [] NO. 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY WHILE AT WORK Inspection & 22a I certify that I took charge of the remains described above, held an Autopsy Notural couses Undetermined manner death resulted from: Accident Suicide 7501 York Rd. Towson, 21204 Charles F. O'Donnell, M. EXAMINER'S NAME (TYPE OR PRINT)

STATE OF MARYLAND

BP DHMH - 17 (VR A15 ME (5) 20M 4/82

TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 3 AFIER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P

Cremation 24 FUNERAL DIRECTOR

230 BURIAL CREMATION REMOVAL 236 DATE

5/14/87

23¢ NAME OF CEMETERY OR CREMATORY Westview Crematory 23d. LOCATION Catonsville

Balto.

Time was jacon

Maryland

Lawson, 10 W. Padonia RD.

1256 REGISTRAR'S SIGNATURE

Specta Higgerial Interior Sedilar Market For overille Soils

	1					STATE	OF MARYLAND				
1117 -	07	FOR STATE REGISTRAR				CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	8 /	6. NO. /	3	2
4		OR PRINTI	VIIPON	LT	NIDDLE		WARD	20 DATE OF DEAT	H MONTH D	YEAR 21	HOUR
av dec	3 SE		CHKOS 1	CE	2	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAS			FUNDER 24 HRS
fo c		MALE	u	2417	E	MONTH	08 / 22	64	YRS	ONTHS DAYS H	IOURS MIN.
38	10.5	THPLACE (STATE OR FOR	FIGN 7b. CI		vhat country? JSA	MARRIEI WIDOWE	NEVER MARRIED DO DIVORCED	9 BALTIMORE CIT	nty	OF DEATH	MD.
1518	10 C	Salumor Salumor	111. 1	NAME OF H	OSPITAL, NURSIN FACILITY, GIVE STREET TOSEP	APDRESS)	ospital ospital	120. USUAL OCCUP		12b, KIND OF E	IUSINESS OR
135	USU Illu	Maryland 13	b. COUNTY Balte		GIVE RESIDENCE BEFOR 13c. CITY OR TOW SOLUTION	/N	13d. INSIDE CITY LIMITS? YES NO **	130.STREET ADDRE	SS / ZIP CODE	& Road	3 2122
230	14. F/	THER'S NAME FIRST	MIDDLE		iahraala	;	15. MOTHER'S MAIDEN NA	ME		LAST Paron	
3 7		Alexander VAS DECEASED EVER IN		ORCES?	ichrosk		Agatha 17 INFORMANT	AC	DRESS	Baron	
do 4	1	ves, no or unknown)	WW11	OR DATES)	218-12	-8314	Lillian Po	owichros	ki 557	Welbroo	okRđ.
olease remarke to rail, cremation, o ac ather iffurma		Canditians, if any, w gave rise to immed cause (a), stating underlying cause	thich diate the last.	(b) OUE TO, OR (c)	AS A CONSEOU	ence of	INFAI				
121	z	PART 2. OTHER SIGNIF	ICANT COND	ITIONS <u>CC</u>	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR C	ONDITION GIVE	N IN PART 11a	
index of	CERTIFICATION	190 DATE OF OPERATIO	1 И	96. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDING YING CAUSES OF	
The state of the s	10.7	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL	ISE OF DEATH	HOUR A./	M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18 PA	ART I OR PART 2)	
to the bu	MEDICAL	21d INJURY OCCURRED		Te. PLACE (OF INJURY EET, FACTORY, OFFICE, I	ARM, ETC.)	21f. LOCATION STREET	CITY	PRIOWN	COUNTY	STATE
Dept. of Heal		270. I certify that (1) (the saw the deceased abave, (1) (we) (did 22b. SIGNATURE	alive an 5	-1	deceased fram_ 19_ after death.	/	d that in (my) (aur) apinian DEGREE		e date and haur		
thould be determined the State	22- 1	PHYSICIAN'S NAM	GHI	14	DI, M		ATTENDING PHYSICIAN)	DIRECTOR PH	YSICIAN [5 -1	60 / 2120.
	230.	DURIAL, CREMATION, RE	MUVAL 230	DAIL	[23C.	AWAR OL (EMETERY OR CREMATORY	238 LOCATION			

DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL Burial

23c. NAME OF CEMETERY OR CREMATORY

5/4/87

23d NAME OF CEMETERY OR CREMATORY
HOLLYHILCEMETERY MiddleRiver Balto. Md.

ConffellyFuneralHome 300MaceAve. 21221MAY 5 1987 guille 1987 Signature

PERCENCISE GET EN Land and Prestantin In The Hard To Court of Margharly Belline 357 alleret Back in

1	FOR STATE REGISTRAR	DEPARTM	AENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 7	. 1 3	1 3
	CEASED NAME FIRST G. Anita	PRICE	ŢV	AST	May 2, 19		12:01P _M
3 SE	FEMALE	NHITE	5. DATE O		6 AGE (IN YEARS LAST BIR	YRS.	DAYS HOURS MIN.
B	ALTIMORE, MD.	CITIZEN OF WHAT COUNTRY? NAME OF HOSPITAL, NURSIN HENOT IN SUCH FACILITY, GIVE STREET	WIDOWE		9. BALTIMORE CITY O Baltimore 120 USUAL OCCUPATI (TYPE OF WORK FOR MOSTO	County	MD. IND OF BUSINESS OR
13a.	AL RESIDENCE (IF NURSING HOME OR OTHERSTATE 13b COUNTY BALL) ATHER'S NAME FIRST MID	HER INSTITUTION, GIVE RESIDENCE BEFORE 131, CITY OR TOWN O. CO. PARLY	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NAM	13e.STREET ADDRESS	NDRON	CT. 21234 PHILLIPS
	(YES, NO OR UNKNOWN) (IF YES, GIVE W.	212-18-	4635	MAIZY 17 INFORMANT FAI	GERTIC ADDRE MILY RE	CORDS	APPROXIMATE INTERVAL ITWEEN ONSET AND DEATH
	18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.	BY: CAUSE 10) Cardiopulm DUE TO, OR AS A CONSEQUE	nonary NCE OF ACEreb	/ Arrest oral hemorrhag	e	86	IWEEN ONSET AND DEATH
CERTIFICATION	PART 2. OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO D			200 AUTOPSY? YES NOX	20b. IF YES, WERE IN CERTIFYING CA	FINDINGS USED
IEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY	YEAR 19	211 LOCATION	ED (ENTER NATURE OF INJUI		

	(c) Hyper cells for				_
PART 2 OTHER SIGNIFICANT COM	nditions <u>contributing to death</u> but	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART 110	
90. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEA YES NO	AT
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	RY IN ITEM 18. PART I OR PART 2)	
21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY	S

22a.1 certify that N (this haspital) attended the deceased from 87 saw the deceased alive on May 2 above (we) (did) (did tot) view the body after death. and that in (10) (our) opinion death accurred on the date and hour and from the causes stated SIGNATURE DEGREE 22c. DATE SIGNED

THE PHYSICIAN'S NAME THE OFF 22e ADDRESS

9000 Franklin Square Drive, 21237

MEDICAL

M.D

DIRECTOR PHYSICIAN X

24. FUNERAL DIRECTOR

230 BURIAL

Lisa Beasley,

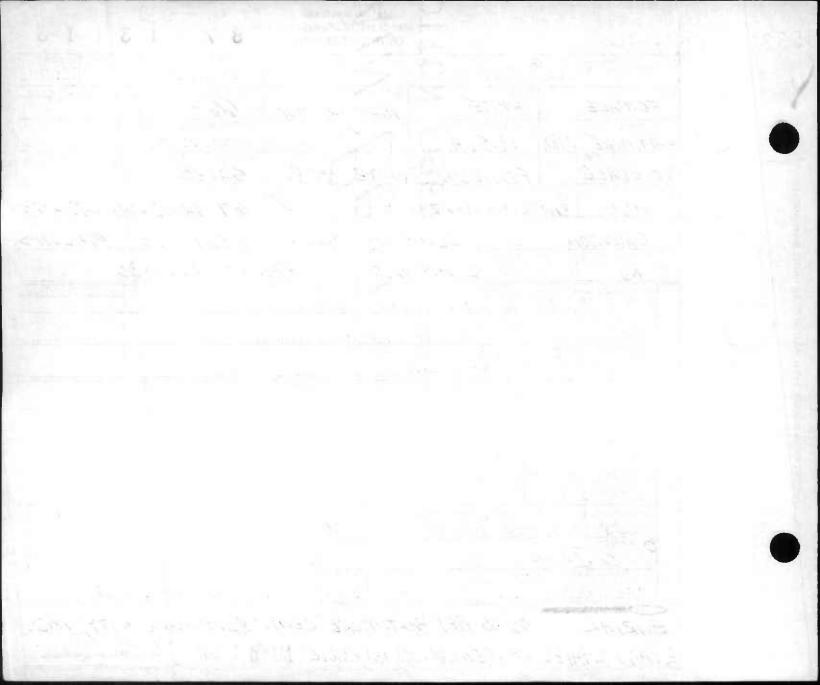
MEDICAL

MPORTANT: If Hem 21 is marked or Hem

ATTENDING

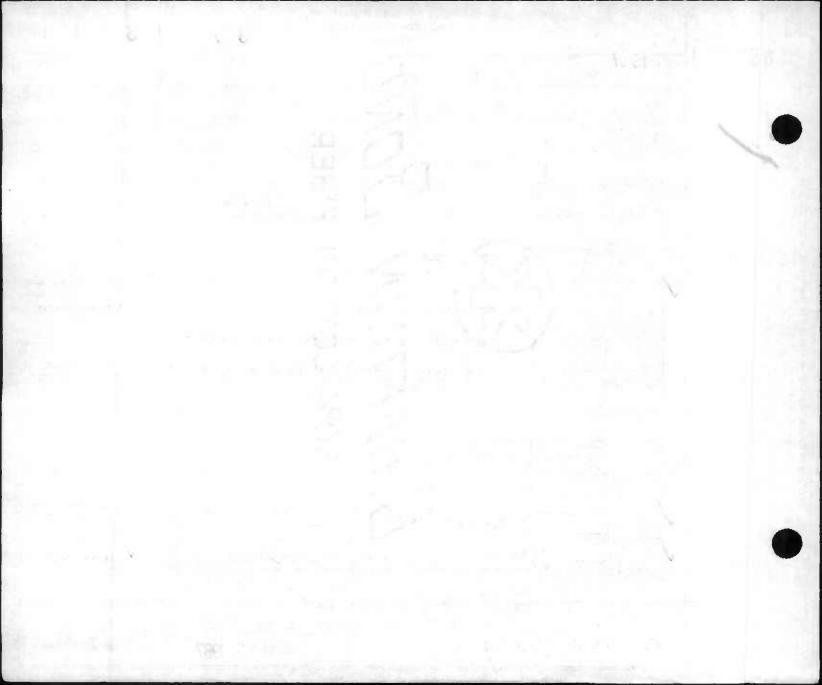
STAFF

DHMH - 16 60M 7/84 (VRA 15, 4)



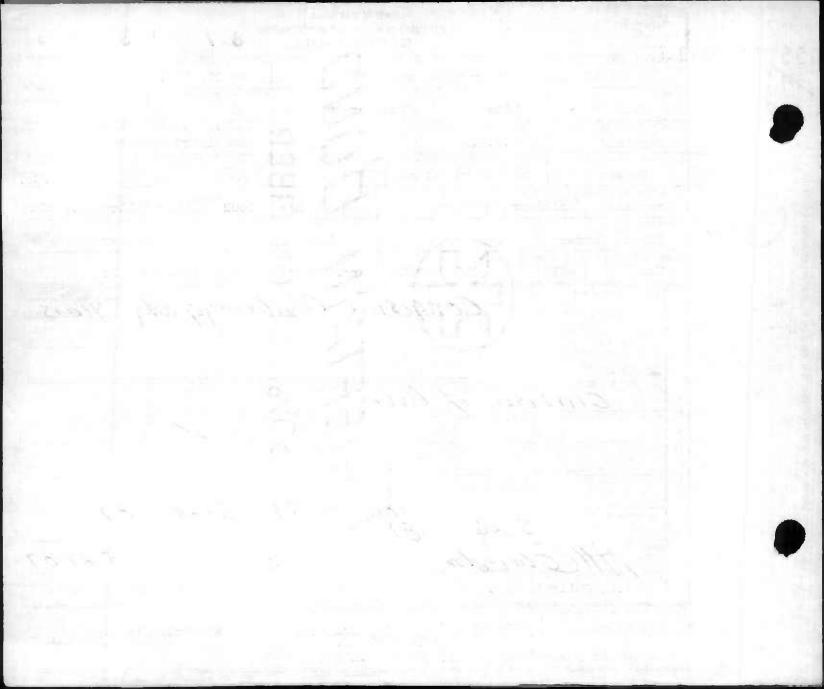
(VRA 15, 4)

- 1	(TYPE	EASED NAME FIRST	Louise	Duche		20. DATE OF DEATH		26 HOUR I
	3. SEX	Helen	Louise 14 RACE	Probs		May 9,		FAR IFUNDER 24 HRS
		Female	White	May		83	YRS DA	YS HOURS MIN.
7	10	THPLACE (STATE OR FOREIGN OUNTRY) New York	76 CITIZEN OF WHAT COUNTS	2Y2 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	1
)	10 CT	vortown of DEATH utherville	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR College Mand	SING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Housewif	ON 12b KIN F WORKING LIFE) INDUST	D OF BUSINESS OF RY
1	13a. S	L RESIDENCE (IF NURSING HOME C TATE 13b. COU	PROTHER INSTITUTION GIVE RESIDENCE BE	FORE ADMISSION)	13d INSIDECITY LIMITS? YES NO X	13e STREET ADDRESS A		
)		THER'S NAME FIRST Earl	MIDDLE LAST VanWorm		15. MOTHER'S MAIDEN NA FIRST Anna 17. INFORMANT	ME MIDDLE -	Butl	er
1	160 V	(IF YES, G	RMED FORCES? 166 SOCIAL 198 (1997) 166 SOCIAL 1997 (1997) 166 SOCIAL		Mr. Arthur		2 Jack Fro	
1	V	18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	inly one couse per line for (a), (b), ED BY		9EST		BETWI	ROXIMATE INTERVAL SEN ONSET AND DEATH
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	IO DEATH BUT	130		17-27-2	IDINGS USED SES OF DEATH?
7	FICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICHOLLKANO				
7	AL CERTIFICAT	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	YES NO	YES TO THE TEM IS PART I OR PART	NO []
7	CAT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI LIF EITHER, NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21r. HOW INJURY OCCUR		RY IN ITEM 18 PART I OR PART	STATE
7	AL CERTIFICAT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (# EITHER. NOTIPY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AL WORK 21d. Certify that (1) (this hear) saw the deceased alive o	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	DAY YEAR 19 CE FARM, ETC)	21f LOCATION SIREET 20f LOCATION SIREET 19 6 d that in (my) tool opinion DEGREE	RED (ENTER NATURE OF INJUI	WN COUNTY 19 77 21 ond hour and from	STATE that (I) (wee) lo



		CEASED NAME FIRST WILLIA	M Nussear Steve	nson :	PUGH	May 26, 198		2b HC
N.	3. SE	X	4. RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	IF UNC
		Male	White	Dece	mber°16,1905	81	MONTHS DAYS	HOUR
35		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY U.S.A.	MARRIE WIDOW	NEVER MARRIED DIVORCED	Baltimore CITY OR COL		
office of the second	10. CI	TOWSON	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Manor Care Rux	NG HOME (OR OTHER INSTITUTION 21204	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Vice-Presiden	t Davis	
Se Par	USU, Ma. S	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COL Baryland Bal	OR OTHER INSTITUTION GIVE RESIDENCE BEFORM INTY Limore 134. CITY OR TON TOWSON	re admission) VN	13d. INSIDE CITY LIMITS? YES NO 🐴	134 STREET ADDRESS / ZIP C		
	14. FA	THER'S NAME James Gardner	Pugh LAST		15. MOTHER'S MAIDEN NAME HELEN		Nussear 1AS	57
dica	16a V	VAS DECEASED EVER IN U.S. A	N.C. 144 - D. CD. C. 1755 -		17 INFORMANT	ADDRESS		-
medi	,	Yes (MWI	YE WAR OR DATES) 217-03-	3821	Mrs. Martha	T. Pugh, same	as #13e	
ry, or other froumatic ev		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE PROPERTY OF	ence of	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	I GIVEN IN PART I	•
ony injury, or other troumatic ev	ATION	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE TOTAL TOTAL TO THE TOTAL TO THE TOTAL TO THE T	DEATH BUT	NOT RELATED TO THE TERM	20a AUTOPSY? 20b. 1	FYES, WERE FINDI	NGS US
ows ony inju	TIFICATION	Conditions, if ony, which gave rise to immediate couse to), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	20a AUTOPSY? 20b. 1		NGS US OF DE
m 18 shows ony injury, or other troumatic ev	AL CERTIFICATION	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO 19b. CONDITIONEDR WHICH 19b. TIME OF INJURY HOUR A.M. MONTH D	DEATH BUT	NOT RELATED TO THE TERM NOT WAS PERFORMED	20a AUTOPSY? 20b. 1	FYES, WERE FINDING CAUSES	NGS US OF DE
or tem 18 shows ony injury, or other troumatic ev		Conditions, if ony, which gave rise to immediate couse to), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO 19b. CONDITIONEER WHICH 19b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21b. PLACE OF INJURY	DEATH BUT HOPERATIO	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURR 21f. LOCATION	200 AUTOPSY? 206 I YES NO NO NO TEA	FYES, WERE FINDING CAUSES YES () A 18 PART I OR PART 2)	NGS US OF DE
rked or Item 18 shows ony injury, or other troumatic ev	MEDICAL CERTIFICATION	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINITY	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO 19b. CONDITIONEDR WHICH 19b. TIME OF INJURY HOUR A.M. MONTH D P.M.	DEATH BUT HOPERATIO	NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCURE	200 AUTOPSY? 200. 1	FYES, WERE FINDING CAUSES	NGS US OF DE
ows ony inju		Conditions, if ony, which gave rise to immediate couse to), stating the underlying couse lost PART 2 OTHER SIGNIFICANT 19g. DATE OF OPERATION 21g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO 19b. CONDITIONEDR WHICH 19b. CONDITIONEDR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21c. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE.	DEATH BUT NO HOPERATIO AY YEAR 19	NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCURE 21f. LOCATION STREET	200 AUTOPSY? 200 I MA CI YES NO PROPERTY IN ITEA	FYES, WERE FINDING CAUSES YES	NGS US OF DEA NO
olu kuo smo		Conditions, if ony, which gave rise to immediate couse to), stating the underlying couse lost the underlying couse lost 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (FEITHER NOTIFY MEDICAL EXAMINICAL EXAMIN	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO 19b. CONDITIONEDR WHICH 19b. CONDITIONEDR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21c. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE.	DEATH BUT NO PERATION AY YEAR 19	NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCURR 21f. LOCATION STREET	20d AUTOPSY? 20b I MA CI YES NO NO NO ITEM CITY OR TOWN CITY OR TOWN	FYES, WERE FINDING CAUSES YES	NGS US OF DEA NO
# Hem 21 is morked or Hem 1		Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED) The deceased give to bow the deceas	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO 19b. CONDITIONEDR WHICH 19b. CONDITIONEDR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21c. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, plats of the Indeed the deceased from only with the Body Share death.)	DEATH BUT NO PERATION AY YEAR 19	NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCURE 21f. LOCATION STREET DEGREE ATTENDING PHYSICIAN 22c. ADDRESS	200 AUTOPSY? 20b I ME CI YES NO PROPERTY IN ITEM CITY OR TOWN TO STAFF DIRECTOR PHYSICIAN	FYES, WERE FINDING CAUSES YES	Har III
APORTANT. If hem 21 is morked or hem 18 shows ony inju	MEDICAL	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING (OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO 19b. CONDITIONEDR WHICH 19b. CONDITIONEDR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH DE P.M. 21c. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, INTERIOR OFFICE) OR PRINT) (di, M.D.	DEATH BUT NOPERATION AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM ON WAS PERFORMED 21c. HOW INJURY OCCURE 21f. LOCATION STREET DEGREE ATTENDING PHYSICIAN 22c. ADDRESS	20d AUTOPSY? 20b I MA CI YES NO NO NO ITEM CITY OR TOWN CITY OR TOWN	FYES, WERE FINDING CAUSES YES	Har III

STATE OF MARYLAND



1.	FOR - STATE REGISTRAR		DEPARTM	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 7	10.	3	1	1 6
	CEASED NAME FIRST	M	IDDLE	L/	AST	20. DATE OF DEATH	MONTH	DAY Y	EAR	b. HOUR
2.		Donald M. H	vles. Sr.			5/7/87				
3. SE		4. RACE) and on the	5. DATE O		6 AGE (IN YEARS LAST BE	RIHDAY)	IF UNDER		IF UNDER 24 H
1	Male	Can	casian	NONTH 2./	18/21	66	YRS.	MONTHS	DAYS	HOURS M
	IRTHPLACE (STATE OR FOREIGN		VHAT COUNTRY?	8	XIEVER MARRIED	9 BALTIMORE CITY		Y OF DEA	TH	
	Maryland	ILS.A	A	WIDOWE		Baltin	me	Count	v	
10. C	Rockdale	(IF NOT IN SUCH	OSPITAL, NURSIN FACILITY, GIVE STREET	ADDRESS)	R OTHER INSTITUTION	12a USUAL OCCUPAT TYPE OF WORK FOR MOST	ION	12b. K	IND OF	BUSINESS
130	AL RESIDENCE HE NURSING HOME STATE 136 COL	OR OTHER INSTITUTION, O		ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS 3324 Court			21	207
A FA	J. Warner Pyles	WIDDIE	LAST		15. MOTHER'S MAIDEN NA FIRST Jessie Mil:	MIDDLE			LAST	
	WAS DECEASED EVER IN U.S. A	GIVE WAR OR DATES)	218-10-		17. INFORMANT Mrs.	- m		imore M	/arvl	and 21
	PART I. DEATH WAS CAUS IMMEDI	SED BY: ATE CAUSE (0)	Resperto	uy fo	oclure			BET	PPROXIM.	ATË INTERVA ISET AND DE
	PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (o)	Respurto AS A CONSEQUE	ENCE OF	tiple myel	me		A DET	PPROXIM.	ATÉ INTERVA ISET AND DE
NO	Conditions, if ony, which gove rise to immediate couse Io1, stoting the underlying couse lost. PART 2. OTHER SIGNIFICANI	DUE TO, OR DUE TO, OR DUE TO, OR (c) CONDITIONS CO	AS A CONSEQUE CO PD RETURN AS A CONSEQUE NTRIBUTING TO D	ENCE OF DEATH BUT	tipee myel		NDITHON G			ATÉ INTERVAI
TIFICATION	Conditions, if ony, which gove rise to immediate couse Io1, stoting the underlying couse lost. PART 2. OTHER SIGNIFICANI	DUE TO, OR DUE TO, OR DUE TO, OR (c) T CONDITIONS CO	RESPURSEOUS CO PD RELETION AS A CONSEQUE INTRIBUTING TO I	ENCE OF ENCE OF DEATH BUT Tyle T	tipe myel		20b. IF Y		art Ito	GS USED
CAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse [o], stoting the underlying couse lost. PART 2. OTHER SIGNIFICANI	DUE TO, OR (b) DUE TO, OR (c) CONDITIONS CO COCACACACA 196. CONDITIONS TONDITIONS CO COCACACACACACACACACACACACACACACACACA	AS A CONSEQUE AS A CONSEQUE AS A CONSEQUE INTRIBUTING TO I TION FOR WHICH INJURY A. MONTH DA	ENCE OF MULL ENCE OF DEATH BUT Type OPERATION	tiple myel NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF Y	ES, WERE FIFTING CA	ART I (o FINDINO AUSES C	F DEATH?
MEDICAL CERTIFICATION	PART I. DEATH WAS CAUS IMMEDI Conditions, if ony, which gove rise to immediate couse lo1, stofting the underlying couse lost. PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DUE TO, OR DUE TO, OR (b) DUE TO, OR (c) T CONDITIONS CO COCKERO 19b. CONDITIONS Phous A.A. Phous A.A. 21b. Time Of HOUR A.A. 21b. Time OF HOUR A.A. 21c. PLACE O	RESPUENTS AS A CONSEQUE AS A CONSEQUE INTRIBUTING TO I TION FOR WHICH EINJURY A. MONTH D.	ENCE OF DEATH BUT THE OPERATION AY YEAR 19	NOT RELATED TO THE TERM Myel N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF Y IN CERT	ES, WERE FIFTING CA	ART 110 FINDING AUSES C	GS USED OF DEATH?
	PART I. DEATH WAS CAUS IMMEDI Conditions, if ony, which gove rise to immediate couse IoI, stating the underlying couse lost. PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify tha (1) 11 this has sow the deceased alive cobove, (1) (we) (did) (did)	DUE TO, OR (b) DUE TO, OR (c) CONDITIONS CO COMPANIE 21b. TIME OF HOUR A.A. 4ER) 21e PLACE C (AT HOME, STRE	AS A CONSEQUE AS A CONSEQUE AS A CONSEQUE INTRIBUTING TO I TION FOR WHICH EINJURY A. MONTH DA A. DE INJURY THE FACTORY, OFFICE, F	ENCE OF DEATH BUT TULL I OPERATION AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM NOT RELATED TO THE TE	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJ	20b. IF Y IN CERT URY IN ITEM 16	ES, WERE F IFYING CA YES I COUN	ART I(o FINDING AUSES O ART 2) WITY the co	SS USED P DEATH? NO STATE
	PART I. DEATH WAS CAUS IMMEDI Conditions, if ony, which gove rise to immediate couse 101, storing the underlying couse lost. PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a.1 certify the (1) this has sow the deceased alive of	DUE TO, OR (b) DUE TO, OR (c) CONDITIONS CO COMPANIE 21b. TIME OF HOUR A.A. 4ER) 21e PLACE C (AT HOME, STRE	AS A CONSEQUE AS A CONSEQUE AS A CONSEQUE INTRIBUTING TO I TION FOR WHICH EINJURY A. MONTH DA A. DE INJURY THE FACTORY, OFFICE, F	ENCE OF DEATH BUT TULL I OPERATION AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM NOT RELATED TO THE TE	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJ	20b. IF Y IN CERT	ES, WERE F IFYING CA YES :: COUN. 19 S7 Dur and fro	ART 110 FIND INC AUSES C	SS USED P DEATH? NO STATE

DHMH - 16 60M 7/B4

(VRA 15, 4)

and the stateched for use as the burial-transit

O FUNERAL DIRECTOR: After

BURIAL, CREMATION, REMOVAL 236 DATE 5/11/87 **Birial** 24 FUNERAL DIRECTOR

Dr. John Darrell

8728 Liberty Road Randallstown Maryland 21133

23c. NAME OF CEMETERY OR CREMATORY Lake View Memorial

9017 Liberty Road Randallstown, MD. Sykesville Carroll Maryland

Loring Byers Funeral, Directors, Inc.

'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

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	1 -	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HYG	IENE 8 7	0.	3 1	17
И		CEASED NAME FIRST	MIDDLE		AST		MONTH D	AY YEAR	26 HOUR
1	(STPE	O III	7.	200	s Dale.	5 -	26 -	1087	4100 M
	3. SE	(4. RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR		FUNDER 1 YEAR	IF UNDER 24 HRS
		mala	Plant	MONTH	- 1 H- 10 H H	W 3		DNIHS DAYS	HOURS MIN.
	7a. BII	RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	TRY? 8		9 BALTIMORE CITY O	R COUNTY (OF DEATH	
S		Virginia	USA	WIDOWE		BG	No	20	MD.
4	Marine.	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVES Baltimore Co	TREET ADDRESS)		120 USUAL OCCUPATION OF WORK FOR MOST OF LABORET	F WORKING LIFE	INDUSTRY	ried
5	130 S	AL RESIDENCE IN NURSING HOME OR TATE Maryland	OTHER INSTITUTION, GIVE RESIDENCE BY TY BALLI	BEFORE ADMISSION) TOWN MOTE	13d. INSIDE CITY LIMITS?	130 SIREE ADDRESS	ZIPCODE	et 2/3	2/3
7	14. FA	THER'S NAME		100	15. MOTHER'S MAIDEN NA				
		Charlie	Ragsda	le	Annie	e MIDDLE	Pearl	H	olmes
		VAS DECEASED EVER IN U.S. AR (ES. NO OR UNKNOWN) (IF YES. GIV		SECURITY NO.	Annie P. Ra	agsdale	SS		
	NC	Conditions, if any, which gave rise to immediate cause [0], stating the underlying cause last. PART 2 OTHER SIGNIFICANT (G.J EQUENCE OF	BLE & D CO	INAL DISEASE OR CON	DITION GIVE	N IN PART 10	0.
	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WE	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
7		2 to ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE				J
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY JAT HOME, STREET, FACTORY, OF	FIGE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
	ă	220.1 certify that (1) (this hospi saw the deceosed alive an abave, (1) (we) (did) (did no		0111	nd that in (my) (our) opinion	death occurred on the de	6 1		that (I) (we) last causes stated
		22h. SIGNATURE	churcus	n.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI		22c. DATE	SIGNED
		22d PHYSICIAN'S NAME TYPE O	OR PRINT)	40 0	22e ADDRESS				
	23a B	URIAL, CREMATION, REMOVAL	07.77.000	23c NAME OF C	EMETERY OF CREMATORY	23d LOCATION	e h e ro	¥ [H	USP.
	24.5:	SPECIFY) Burial	05/29/87		In a second	Kenbridg	e Lun	enburg	VATE

BP. DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR should be delached for use with the State Dept. of Heal MPORTANT:

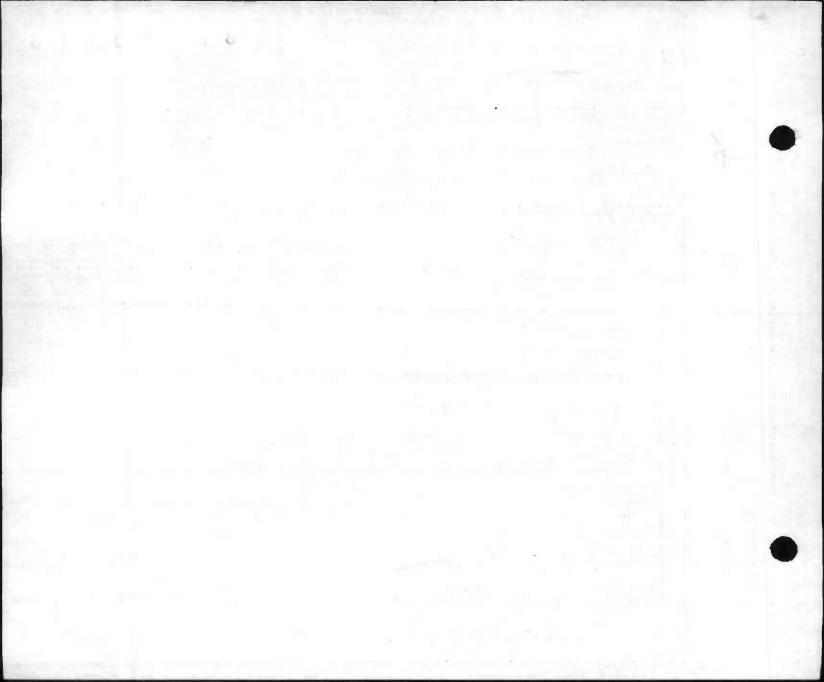
(VRA 15, 4)

ADDRESS Kenbridge, VA

JUN 1 0 1987 Julia Dandon Rouse

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STATE OF MARYLAND



I director, page 3 hours ofter death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEI

8	REG. N	10.	1 :	3 1		
a. DATE OF	DEATH	5 5	8	YEAR 87	26 HOUR 3:15	

1 -	FOR - STATE REGISTRAR		DEPAR		HEALTH AND MENTAL HYG	IENE 8 Z	10.	3 1	19
1. DE	CEASED NAME FIRST RAYMO		PER	RECK	OP D	20. DATE OF DEATH	MONTH 5		3:15 A
3. SE.		I4. RACE		5. DATE O		6. AGE (IN YEARS LAST B	RTHDAY	IF UNDER LYEAR	IF UNDER 24 HRS.
				MONT	H DAY YEAR			MONTHS DAYS	HOURS MIN.
	Male		LITE WHAT COUNTR	Y? 8.	7 1891	9.5 9 BALTIMORE CITY	YRS OR COUNT	Y OF DEATH	
	COUNTRY)			MARRIE	DIVORCED DIVORCED	BALTIMOR			
	Maryland ITY OR TOWN OF DEATH	II.S.	HOSPITAL, NURS	WIDOWE	OR OTHER INSTITUTION	12a USUAL OCCUPA	ION	12b. KIND OF	BUSINESS OR
2	TOWSON		701TY, NE STR		S ST.	Civil Se			ent
13a	AL RESIDENCE (IF NURSING HOME STATE 136 CO		GIVE RESIDENCE BEF		113d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP COI	DE	
7	Maryland H	Balto.	Tows	on	YES NO W	204 Bosle	v Rd.	21204	
13.5	THER'S NAME FIRST	WIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WE		LAST	
	Walter		Recl	kord	Lizzie			Chenc	with
	WAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) (IF YES.	ARMED FORCES?	166 SOCIAL SE	CURITY NO.	17. INFORMANT	ADDI	ESS		21234
,	Yes W		215-09	5-6766	Mr. John R.	Reckord	8738	Lackawar	na Ave
CERTIFICATION	Conditions, if any, which gave rise to immediate couse lot, stating the underlying couse last. PART 2. OTHER SIGNIFICAN 198 DATE OF OPERATION	(b) DUE TO, O (c) T CONDITIONS C		QUENCE OF	NOT RELATED TO THE TERM ON WAS PERFORMED	INAL DISEASE OR COI	20b. IF Y	IVEN IN PART 110 ES, WERE FINDING IFYING CAUSES O	
RTI						YES NO		YES 🗌	NO 🗍
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)	DEATH HOUR A		DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJ	URY IN ITEM 1B	3 PART 1 OR PART 2)	
MEDICAL	21d. INJURY OCCURRED		OF INJURY	F FARM FIC)	21f LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
2	WHILE NOT WHILE AT WORK				//20				
	22a I certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did	on	19	87	nd that in (my) (our) opinion of	death accurred on the	date and ho		ot (1) (we) lost ouses stoted
	22b. SIGNATURE	42	ella		DEGREE ATTENDING PHYSICIAN	MEDICAL ST.	AFF ICIAN	22c. DATE S 5/8/	87
	22d PHESICIANISMS IN	- 61	KELLY, M		22e. ADDRESS				
	BURIAL, CREMATION, REMOV				CEMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
	Burial	5/11/	87	Prospec	ct Hill	T∙ws	on	Balto.	Md.
24 F	UNERAL DIRECTOR		ADDRES:		21204 25a. DAT	E REC'D. BY REGISTRA	1/	man A . The	
	Ruck Towson F	uneral H				y 8 1987	Inlia	Dividson- Ras	dess

DHMH - 16 60M 7/B4 (VRA 15, 4)

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IMPORTANT: If Item 21 is marked at Item 18 shaws ony injury, or other traumatic event, the

Ruck Towson Funeral Home Inc.

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N. J. D	373				
-2	TAM.	C.C BUDS		5 0 DI	

TIMORE, MD, 21201	RS AFIR DEATH IF ANY DEATH IS INCRESS GIVE PAGES 1, 2, AND GITO THE FÜNERA WITH FORM WAS 12 REPARA PAGES 1 AND 2 SHOULD BE FILED. WITHIN	10. C	ARYLAND OWSON ARSIDENCE (16 TATE ARYLAND ATHER'S NAME FIRST JOHN VAS DECEASED ES, NO, OR UNKNOW
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE,	UTED WITHIN 24 HOU IN PENCIL IN ITEM 18 EXAMINER ALONG V RIAL - TRANSIT PERMIT D MENTAL HYGIENE, I ON, OR REMOVAL.	CATION	Conditions, gove rise couse (o) st lying couse
DIVISION OF VITAL	ENTINCATE, WRITING THE WORD "PENDING". LD BE FORWARDED TO THE CHIEF MEDICAL INECTOR: PAGE 3 SHOULD BE USED AS A BUY WITH THE STATE DEPARTMENT OF HEALTH ANI ARTHAND, 21201 PRIOR TO BURIAL, CREMATIF	MEDICAL CERTIFICATION	216 EXTERNAL UNDERLYING CONTRIBUTION 21d. INJURY OF WHILE AT WORK 226. I certify death resulted
07/84	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL E AFTER DEATH BALTIMORE, M	3	EXAMINER N TYPE OF PRINCE

		EASED NAME	FIRST		WIDDLE		CERTIFICAT	1	20. DATE KNOWN		DAY YEAR
1	(TYP)	OR PRINT)	SUSAN		W.	RE	ESE		OF ESTI-		-87 19
F	FE	7 4	RACE	5. DATE OF BIRTH		(IN YEARS IF U		DER 24 HF	PRONOUNCED	MONTH	DAY YEAR
		MALE		OCTOBER2		4 YRS.			DEAD		-87 ₁₉ 1
1	FOI	THPLACE (STATE	OR	76 CITIZEN OF W			RIED NEVER M	_	- Dallanana	_	Y OF DEATH
1	_	RYLAND Y OR TOWN OF	DEATH	II. NAME OF HO	S.A.			ORCED 120	USUAL OCCUPATION (T)		7b KIND OF BUS
1	TV	wson	0.0	(IF NOT IN SUCH F	ACILITY, GIVE STREET ADDR	RESS)			OR MOST OF WORKING LIFE)		OR INDUSTRY
		RESIDENCE (#		OTHER INSTITUTION, O	TIVE RESIDENCE BEFORE AD	MISSION)	Ital meres even con	*** 12	STUDENT-SET	LON _n	1GH SCHO 21228
7		RYLAND	BALT	IMORE	CATONSV		13d. INSIDE CITY LIMI	XX 13e. :	1000 PLEASA	NT VAL	
A	4. FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S M	AIDEN NA	ME MIDDLE		LAST
1		JOHN	12.4		REESE			REA			McQUINEY
1	60. V	AS DECEASED E	VER IN U.S. ARM		166. SOCIAL SEC		17 INFORMANT		ADDRES		
=	No				218-72-		JOHN R	EESE	SAME AS	# 13	APPROXIMATE II
		PART I DEAT	PEATH (Enter only H WAS CAUSED	one couse per lin BY:	e for (o), (b), and (c).						BETWEEN ONSET A
1		1996	IMMEDIATE	CAUSE (o)	Cardiac ar		a				Sudden
			if ony, which	000,00	Cardiac ne						Days
ı			to immediate	(b)	R AS A CONSEQUEN					-	Days
		lying couse	lost.	(c)							344
		PART 2 OTHER SIGNI	FICANT CONDITIONS CO	, , , ,	RUT NOT RELATED TO THE	TERMINAL DISEA	SE OR CONDITION GIVEN	IN PART 1 o			
	ON										
	CAT	190. DATE OF O	PERATION	19b. COND	ITION FOR WHICH O	OPERATION V	VAS PERFORMED?				20 AUTOPSY?
	RTIFI	A) EVTERMAN	ALICETALAC	011 71115							YES 🙀
1	143	210 EXTERNAL	OR		M. MONTH DAY	YEAR 21c F	IOW INJURY OCC	URRED IEN	TER NATURE OF INJURY IN ITEM I	8 PART 1 OR PART	(2)
	10	UNDERLYING					CATION				
2	DICAL C	CONTRIBUTING		21e PLACE	OF INJURY (AT HON	4E 1211 LC					
2	MEDICAL CERTIFICATION	CONTRIBUTING 21d. INJURY OCC WHILE	URRÉD NOT WHILE	21e PLACE STREET, FAC	OF INJURY (AT HON CTORY, FARM, ETC.)		STREET		CITY OF TOWN	COUN	MIA
2	MEDICAL C	CONTRIBUTING 21d. INJURY OCC WHILE AT WORK	OURRED NOT WHILE	STREET, FAC	CTORY, FARM, ETC.)		STREET				
2	MEDICAL C	CONTRIBUTING 71d. INJURY OCC WHILE AT WORK 22a. I certify t	CURRED NOT WHILE AT WORK	of the remains de	escribed obove, held		STREET psy X Insp	ection	, Inquiry , c	ond in my opin	
2	MEDICAL C	CONTRIBUTING 21d. INJURY OCC WHILE AT WORK	CURRED NOT WHILE AT WORK	STREET, FAC	CTORY, FARM, ETC.)		psy X Insp	Un			
7	MEDICAL C	220. 1 certify 1	CURRED NOT WHILE AT WORK	of the remains de	escribed obove, held		STREET psy X Insp	, Un	, Inquiry , c	ond in my opii , DATE	5-3-87
	MEDICAI C	CONTRIBUTING 21d. INJURY OCC WHILE AT WORK 22d. 1 certify 1	TURRED NOT WHILE IN TWORK	of the remains de	escribed obove, held	on Autor	psy X. Insp Insp Momicide The SPECT), Un	, Inquiry , c	ond in my opir	5-3-87
	MEDICAL C	220. 1 certify 1	TURRED NOT WHILE IN TWORK	of the remains de	escribed obove, held	on Autor	psy X. Insp Insp Momicide The SPECT), Un	, Inquiry , c	ond in my opii , DATE	5-3-87
	73a Bk	CONTRIBUTING 21d. INJURY OCC WHILE AT WORK 22d. I certify the	TURRED NOT WHILE INT WORK I took charge	of the remains de courses	escribed obove, held ficident	on Auto	psy X. Insp I Homicide Chief), Un	, Inquiry , c	DATE SIGNED	5-3-87

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

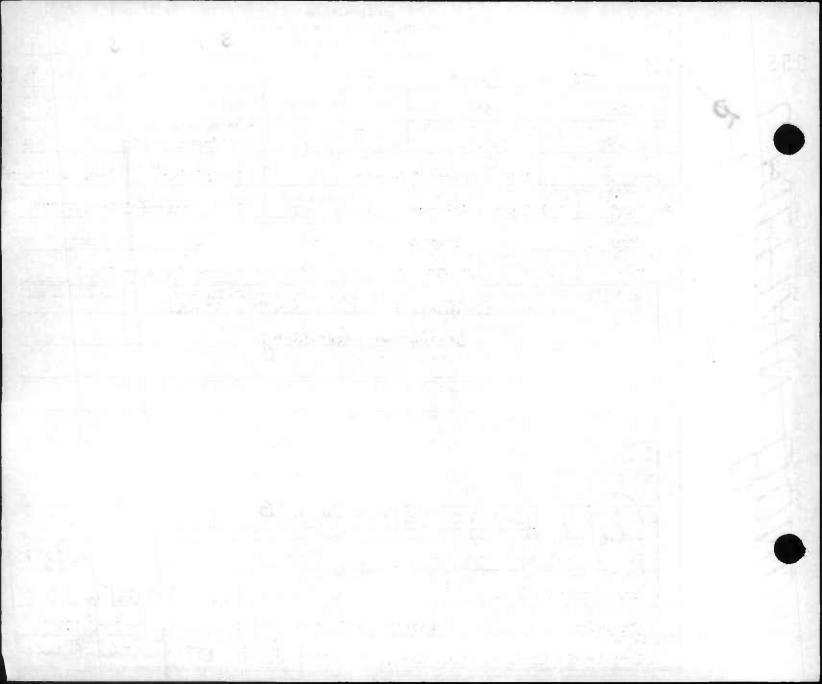
8 7. REG. N	10.	1	3 1	2	
DATE OF DEATH	MONTH	DAY	YE AR	2b. HOUR	-
	5	31	87	8:40	j

1-	FOR STATE REGISTRAR		DEPARTM	CERTIFICATE		8 %	NO	131	21	
	CEASED NAME FIRST		MIDDLE	LAST		20 DATE OF DEATH	MONTH	DAY YEAR	26. HOUR	
Libre	Cliftor	n Euc	gene	Reeves			5	31 87	8:40 P	
3. SE:		4 RACE	,	5. DATE OF BIRTH	Н	6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
	Male	Whi	te	MONTH :	17 1923	64	YRS	MONTHS DAYS	HOURS MIN.	
70. BI	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8.		9 BALTIMORE CITY				
	Kentucky	U.S	.A.	WIDOWED T	DIVORCED	Baltimor	e Cou	intv	M	
	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING	G HOME OR OTHE		120 USUAL OCCUPA	NOITA	12b. KIND C	OF BUSINESS O	
	Arbutus		ch facility, give street a onumental			Electric			Contra	
130. 5	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	rotherinstitution. NTY timore	. GIVE RESIDENCE BEFORE ALL OR TOWN		ISIDE CITY LIMITS?	13e STREET ADDRES	s / zip co	otal Ave.	/21227	
14. FA	ATHER'S NAME	WIDDLE	LAST	15 MC	THER'S MAIDEN NA					
	John	MODIE	Reeves		Fannie	Mae		Per	ry	
	WAS DECEASED EVER IN U.S. A		166 SOCIAL SECUR	RITY NO. 17 INF	FORMANT	ADD	RESS		-	
((YES, NO OR UNKNOWN) (IF YES, G	VE WAR OR DATES)	228/12/4	315 Mai	ry Elizabe	th Reeves	(same	e as 13e.)	
	18. CAUSE OF DEATH lEnter only one couse per line for (a) (b) and it learn the part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARLINGWA TO LINER AND TORRINGWARD TO SEAL OF THE PROPERTY OF									
	Conditions, if ony, which gove rise to immediate	DUE TO, O	R AS A CONSEQUE	what I	left line	<u> </u>				
NOI	Conditions, if ony, which	DUE TO, O (b) DUE TO, O (c)	R AS A CONSEQUE	NCE OF	, ,		NOTION	GIVEN IN PART 11	0	
TIFICATION	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse last.	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO	R AS A CONSEQUE	NCE OF	ELATED TO THE TERM		20b. IF	GIVEN IN PART 11 YES, WERE FINDII RTIFYING CAUSES YES	NGS USED	
CAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 19b. COND 17b. TIME CO HOUR A.	R AS A CONSEQUEI R AS A CONSEQUEI ONTRIBUTING TO D IT ION FOR WHICH (NCE OF NCE OF NEATH BUT NOT RE OPERATION WAS	ELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF IN CER	YES, WERE FINDIE RTIFYING CAUSES YES []	NGS USED OF DEATH?	
MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 19b. COND 21b. TIME C HOUR A. P. 21e. PLACE	R AS A CONSEQUENT ON TRIBUTING TO DO THE INJURY M. MONTH DA'M.	NCE OF MEATH BUT NOT RE OPERATION WAS Y YEAR 19 211. LC	ELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF IN CER	YES, WERE FINDIE RTIFYING CAUSES YES []	NGS USED OF DEATH?	
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE LIFE THER NOTEY MEDICAL EXAMINE 21d INJURY OCCURRED WHAT CONTRIBUTION CAUSE OF DE LIFE THER NOTEY MEDICAL EXAMINE 21d INJURY OCCURRED TO WHAT CONTRIBUTION CAUSE OF DE LIFE THER NOTEY MEDICAL EXAMINE 21d INJURY OCCURRED	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 19b. COND 21b. TIME C HOUR A. R) P. 21e. PLACE (AT HOME, STI	R AS A CONSEQUEI R AS A CONSEQUEI ONTRIBUTING TO D IT ION FOR WHICH (OF INJURY M. MONTH DA' M. OF INJURY REET, FACTORY, OFFICE, FA	NCE OF MACE OF MEATH BUT NOT RE OPERATION WAS Y YEAR 19 21c. Hi ARM, ETC.) 21l. LC	PERFORMED OW INJURY OCCURR OCATION STREET	200 AUTOPSY? YES NO ED (ENTER NATURE OF IN	206. IF IN CER	YES, WERE FINDING CAUSES YES 18 PART I OR PART 2) COUNTY 19 10 10 10 10 10 10 10 10 10 10 10 10 10	NGS USED OF DEATH? NO STATE	
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER NOTEY MEDICAL EXAMINE 21d INJURY OCCURRED TO WHILE] OT WHILE [CONTRIBUTION OF CONTRIBUTION OF CONTRIB	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 19b. COND 21b. TIME C HOUR A. P. 21e. PLACE (AT HOME, STI	R AS A CONSEQUEI R AS A CONSEQUEI ONTRIBUTING TO D IT ION FOR WHICH (OF INJURY M. MONTH DA' M. OF INJURY REET, FACTORY, OFFICE, FA	NCE OF NCE OF NEATH BUT NOT RE OPERATION WAS Y YEAR 19 211. LC Ond that	PERFORMED OW INJURY OCCURR OCATION STREET 19 ATTENDING PHYSICIAN	200 AUTOPSY? YES NO ED (ENTER NATURE OF IN	20b. IF IN CEF	YES, WERE FINDING CAUSES YES 18 PART I OR PART 2) COUNTY	NGS USED OF DEATH? NO STATE	
MEDICAL	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER NOTHE MEDICAL EXAMINE) 21d INJURY OCCURRED WHILE DESCRIPTION OF WHILE DESCRIPTION OF THE COURT OF T	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 19b. COND 19b. TIME C HOUR A. R) 21b. TIME C HOUR A. HOUR A. ATH OR PRINT) THE body	R AS A CONSEQUEING R AS A CONSEQ	NCE OF NCE OF NOTE	PERFORMED OW INJURY OCCURR OCATION STREET 19 ATTENDING PHYSICIAN DDRESS	200. AUTOPSY? YES NO ED (ENTER NATURE OF IN CITY OR DECITY OR DECI	20b. IF IN CER	YES, WERE FINDING CAUSES YES 18 PART I OR PART 2) COUNTY 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	NGS USED OF DEATH? NO STATE	
WEDICAL WEDICAL	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE COUNTY MEDICAL	DUE TO, O (b) DUE TO, O (c) CONDITIONS CO 19b. COND 19b. TIME C HOUR A. R) 21b. TIME C HOUR A. HOUR A. ATH OR PRINT) THE body	R AS A CONSEQUEING R AS A CONSEQ	NCE OF NCE OF NOTE	PERFORMED OW INJURY OCCURR OCATION STREET 19 ATTENDING PHYSICIAN DDRESS	200. AUTOPSY? YES NO ED (ENTER NATURE OF IN CITY OR DECITY OR DEC	20b. IF IN CER	YES, WERE FINDING CAUSES YES 18 PART I ORPART 2) COUNTY LOUIS 19 22c. DATE	NGS USED OF DEATH? NO STATE That (1) we) Ic couses stated SIGNED	

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion is should be detached for use as the burial-transit permit. Then please remove carbon papers. Powith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.



STATE OF MARYLAND

DEDADTMENT OF HEALTH AND MENTAL HYCIENE

8	7	
	REG. NO.	•

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S	- 1	de.	d
177		-	64

1 - STATE REGISTRAR		DUA	CERTIFIC	ATE OF DEATH		G. NO.	131	2
1. DECEASED NAM	E FIRST Ann	E.	Rei	cheet	May 3		P YEAR	26 HOUR 9:30
3. SEX Femo		RACE White	5. DATE OF Jan.	24,1903	6. AGE (IN YEARS LI	AST BIRTHDAY] YRS.	IF UNDER 1 YEAR	IF UNDER 24 H
70 BIRTHPLACE (COUNTRY) Pol	and	CITIZEN OF WHAT COUNTR	Y? 8 MARRIED WIDOWED	NEVER MARRIED	Balti	more (Y OF DEATH	
Catonsu	ille	1. NAME OF HOSPITAL, NUR 1408 Glenwit	lde R	other institution d .	120 USUAL OCCU			m san san
Ille. STATE	d Balti		ville	34 INSIDE CITY LIMITS? YES NO	13e STREET ADDR	ess/zipcot Henwi	lde Roc	228 ad-
FATHER'S NAM	E	ENTENCZY	GKA	S MOTHER'S MAIDEN NA	MID		LAST ?	
WAS DECEASE (YES, NO OR UNKN	D EVER IN U.S. ARMI	PAR OR DATES) 21.2-4	CURITY NO. 1	1 INFORMANT Mrs.	. Eleano	opress	Dutton	10 .Mc
18 CAUSE C		ane cause per line for (a), (b),		. 4 -		21228	APPOXIA BETWEEN C	MATE INTERVA
NOIL	OPERATION	196 CONDITION FOR WHI	add.	OT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YI	ES WERE FINDIN	GS USED
OR CONTRIBUT	WAS UNDERLYING ING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCUR				но П
(IF EITHER NO 21d INJURY	OCCURRED NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE		PII LOCATION STREET	CITY	ORTOWN	COUNTY	STATE
saw the abave, (deceased alive an	1) attended by deceased from	87 , ond	that in (my) (com) opinion	death accurred an	the date and ho		
226. SIGNAT	Leeu	Aller	MI	GREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR PI	STAFF HYSICIAN [22c. DATE S	SIGNED
Eh N	1 Shaw	MD			doint	re	2/20	28
(SPECIFY) Cr	emation	6/1/87 Wes	tview	Memorial I	Park- Bo	altimo	re, Md.	2122
24 FUNERAL DIRE	Sterlin	g Funeral Ave., Catons	etato.	P 4 250. DA	TE REC'D. BY REGIS	TRAR 25b. REGIS	STRAR'S SIGNATI	URE

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use os the buriol-transit permit. Then pleose remove c with the State Dept. of Health and Mental Hygiene prior to buriol, cremation,

Annite II rice in 20, 2403 as descripted remains stransicie (late Glensiche Md. kommenice Me golffen e Ceremellle x 1400 Slenvilde derd-W. Y. Dr. Eller BONDELLE COMMUNICATION AND SELECTION AND SERVICE OF STREET

STATE OF MARYLAND

8	REG. I	VO.*	- Canala	3	Energy.	2	
ATE OF	_	MONITM	1	DAY	VEAD	Tot HOL	

				STATE OF MARYLAND		
700 in	113-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	BIENE 8 /REG. NO.	3 1 2 3
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
poge 3	(TYPE	OR PRINT)	dbert H. Reid Jr.		5/9/1987	70.00
d	3. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
		Male	Onemaion	MONTH DAY YEAR	773	MONTHS DAYS HOURS MIN.
1	To Di	RTHPLACE (STATE OR FOREIGN	Caucasian 7b. CITIZEN OF WHAT COUNTRY?	5/15/1913	9 BALTIMORE CITY OR COUNTY	OFDEATH
X -		COUNTRY)		MARRIED NEVER MARRIED		1 . 121
6	20.0	Virginia	U.S.A.	WIDOWED NORCED	Baltimore	-ounly ME
2)/)0.0	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR INDUSTRY
5/6		Randallstown	4401 Wilmar Ave.		Contractor	Reid Concrete
270	13g S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFOR		13e.STREET ADDRESS / ZIP CODE	21133
シウ	-		ltimore Randalls		4401 Wilmar Ave.	
63 4	14" PY	THER'S NAME	Temese Temesis	15. MOTHER'S MAIDEN NA	WE AND MILITARY	
13/5	1/	FIRST Delia Ch	MIDDLE	FIRST	WIDDLE	LAST
050	16. 1	Robert H. Reid Sr		Susan Amble	ADDRESS	
medica		res, no or unknown) (IF YES, GI	VE WAR OR DATES)	JRITY NO. 17 INFORMANT Mr. I	E. Gerard Reid	
E		NO	212-01-	5367 2718 Sams Crox	k Rd. New Wi	ndsor Marvland 21
event, th	1	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly one couse per line for (o), (b), or	nd (c.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phase ren of crem		gove rise to immediate couse (0), stofing the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQU	ENCE OF	MINAL DISEASE OR CONDITION GIV	(FN IN PART 110
perior to p	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	20g AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED
11	Ĕ					YING CAUSES OF DEATH?
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	AIH	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 F	
5/	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION		COUNTY STATE
3/	₹	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM ETC } STREET	CITY OR TOWN	COUNTY STATE
non	-		ital) attended the deceased from_	10/24 10/84	8</td <td>10 PS</td>	10 PS
1 2		sow the deceased alive or		27_, ond that in (my) (our) opinion		19 , that (I) (we) los
0.04		obove, (1) (we) (did) (did no	ot view the body ofter death.		Geom occurred on the dote ond hou	
0.0		22b. SIGNATURE	1	DEGREE		22t. DATE SIGNED
1		109	Omon - M	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	572-87
¥ ,	1	224 PHYSICIAN'S NAME (TYPE	OR PRINT!	22e. ADDRESS		
8 /		LAWRENCE.	SOLOMON	Goo RE	STERSTOWN	Ro
3-1	230 0	SURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	
		SPECIFY)	5 10 07		CITY OR TOWN	COUNTY STATE
- 1	—	Burial		Take View Memorial Park		rroll MD
6 60M 7/84	24. FU		ng Byers Funeral Dir	Cully, III	TE REC'D. BY REGISTRAR 256. REGIST	
i, 4)		8728 Liberty Road	Randallstown Maryl	and 21133	MAY 1 4 1987	a Davidson-Manda

and all DM to tribulate the benefit Landyan

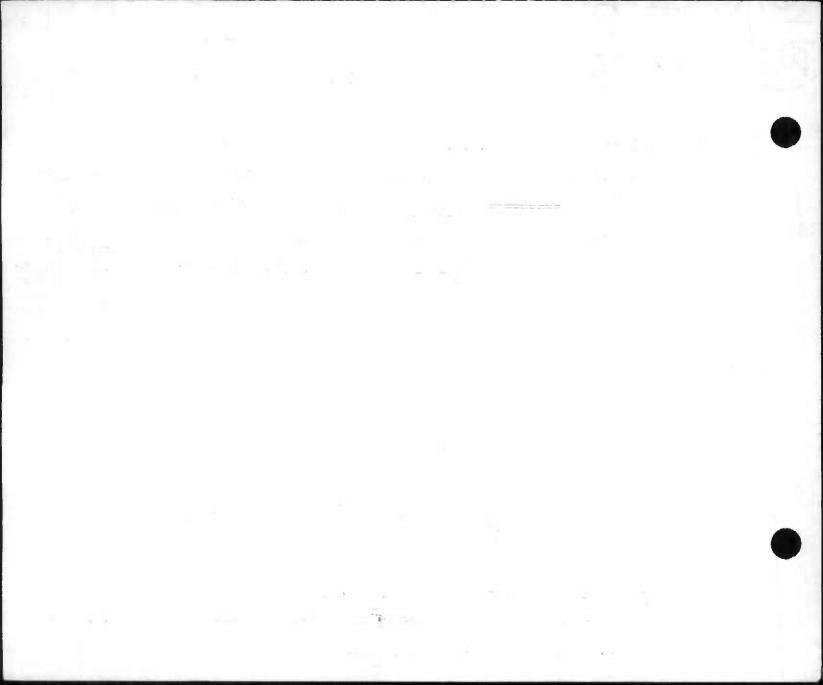
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be exercised with a 24 hours ofter death. Page 4 may be CTI retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and cherrits. Filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Their please remove carbonpapers: PBges. Land & Mould be filled with a 72 nours ofter death
with the Store Dept. of Health and Mentol Hygiene prior to buriol, cremation, or removal. IMPORTANT: If Hem 21 is marked or hem 18 stocks ony injury, or other troumatic event, the medical examiner must be multiply in unit

BP.

DHMH - 16 50M 4/83 (VRA 15, 4) 24 FUNERAL DIRECTOR
George J. Gonce

1				STATI	OF MARYLAND				
	1 -	FOR STATE	DEF		EALTH AND MENTAL HYG	IENE 8 7	1	3 1	2 4
	I. DEC	REGISTRAR EASED NAME FIRST	MIDDLE		AS1	REG. NO. 2a. DATE OF DEATH MO	ONTH DAY	YEAR 2	b HOUR (
		HELEN	F	REI	VBOLD	MAY	2	00	2:45 AM
	3. SEX		RACE	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTHD	MON	TO COLO TO TE DELL	F UNDER 24 HRS HOURS MIN.
	1	FEMALE	WHITE		24 04	82	YRS.		
Z	C	OUNTRY	CITIZEN OF WHAT COUN	MARRIEI	D NEVER MARRIED	BALTIMORE CITY OR	COUNTY OF	DEATH	
2/		aryland	U.S.A.	WIDOWE		BAITIMORE	= COI	LNTY	MD.
/	1	,	 NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE 		OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W		NDUSTRY	BUSINESS OR
1		MDALLSTOWN 1	OLD COURTN		HOME	Housewife		Home	Maker
2	13a S		Y 13c. CITY OF		13d. Inside City Limits?	13e.STREET ADDRESS / Z	rip CODE pence	St Ap	1230 t 414
	14. FA	THER'S NAME			15. MOTHER'S MAIDEN NA	ME	001100		
1	2	Walter		eeler	Helen	MIDDLE			cent
7		VAS DECEASED EVER IN U.S. ARM (ES, NO OR UNKNOWN) (IF YES, GIVE Y	WAR OR DATES)	SECURITY NO.	17 INFORMANT	ss 215 Arunde		2112	
-	200	No	215-	18-5226	Jack E. Gaus	ss 21) Arunu	er nu		
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one cause per line for (o), (b1, opp (c).				BETWEEN ON	SET AND DEATH
		IMMEDIATE		-4/M	1			CC	yr -
			DUE TO, OR AS A CON	SEQUENCE OF	. 60 0	1 . C P.		de	/
		Conditions, if ony, which gove rise to immediate	(b)	Muny	pu roun unu	- AMOUN RATE	ins	oru	49
		couse (o), stating the underlying cause lost.	DUE TO, OR AS A CON	SEOUENCE OF		,			/
		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDIT	ION GIVEN	IN PART I (a)	
	N O	denille d	lang. tra-	P. 4	MI ISLAGO				
1	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR V	VHICH OPERATION	N WAS PERFORMED			ERE FINDING	
1	Ĕ					YES NO NO	YES [G CAUSES OF	NO [
	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY II	NITEM IS PART I	OR PART 2)	
	AL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	DAT TEAK					
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	na salahan sasa	211 LOCATION	CITY OR TOWN		COUNTY	STAIE
	\$	WHILE NOT WHILE AT WORK	TAL HOME SIREET, PACTORY, C	OFFICE PARM ETC.)		2			
		220.1 certify that (I) (this hospita			1124 1987	10 9 Micy	2		ot (I) (we) lost
		sow the deceosed alive on obove, (1) (we) (did) (did not)	view the barry offer death	_19, or	nd that in (my) (our) opinion o	death occurred on the date	and hour on	d from the ca	uses stated
		22b. SIGNATURE	1 + 2 44		DEGREE	AAEDICAL STACE		22c. DATE SK	GNED
,		7811	lar I MI	V	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	И	5/	7/87
		22d. PHYSICIAN'S NAME (TYPE OR	- · ·	<	22e ADDRESS	ind com	EY	A.	Ad area.
		MIENVENIDO	. K. MATO		21 CRANTBROOM		EYSVI.	LLE, N	14-21036
		Burial, CREMATION, REMOVAL SPECIFY) Burial	23h DATE/4/87	Cedar H	ill Cemetery	Baltimore	co	A. A.	Md

4001 Ritchies Hgwy Balto Md 250 DATE REGISTRAM 256 REGISTR



	1.	FOR - STATE REGISTRAR	DEPAR	TMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 7	3 1 2 5
257		CEASED NAME FIRST	MIGDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	M	JOSEI			INHARDT		26 '87 4:42P M
ge 4 ma	3. SE.	MALE	4. RACE CAUC	Jan.	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 74 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
e funeral director	1	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S.A.	MARRIE[BALTIMORE CITY OF COUNT BALTIMORE COU	Y OF DEATH NTY MD.
Softer of the full		TOWSON	GBMC - 6701", NE STRE	CHARLES	ST.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L Photo Engrave	
filled in avid be a	13a S	STATE 136 COU		ORE ADMISSION) OWN 234	13d INSIDE CITY LIMITS? YES NO 🖔	13: STREET ADDRESS / ZIP COD 1839 Edgewood	d Rd. 21234
A BC	14. F/	THER'S NAME Joseph	Reinhar		15. MOTHER'S MAIDEN NA/ Anna	WIDDLE	Woppmann
7/			IVE WAR OR DATEST		17 INFORMANT Rose T. Rei	nhardt 1839 Ed	
ioth certificate I tending physicis e corbanpapers on, or removol. umatic event, the		PART I. DEATH WAS CAUS	(IE CAOSE (O)	ions C	bll CA Lui	ng winz r, claviele d	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
res that the deoth ce gned by the attendin n please remave corb burial, cremation, or ry, or ather traumatic		gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEG	DUENCE OF	T-spine.	Emphysem	IVEN IN PART 110
ian. the law requian. the has been significant to have any injury.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATIO		YES NO Y	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? IES \(\text{NO} \)
ig physic og physic certificat riol-trans ental Hyg	/	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HIAI	DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM IB	PART I OR PART 2)
ottendir iter this as the bu h and M riked ar	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFIC	E. FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
OR ATTENDING PHYSICIAN: e hospital or otherding physic DIRECTOR, After this certifica Deed for use as the buriou-fron Deept. of Health and Mental Hy filem 21 is marked or item 18		sow the deceased alive a	n 19	17.00		deoth occurred on the date and ha	
		226. SIGNATURE	ws			MEDICAL STAFF DIRECTOR PHYSICIAN	5/26/87
O HOSPITAL etoined by th TO FUNERAL should be deto with the Stote		B. PAREKH	MD.			ORD RD, FALLS	STON MD21047
BP	230	BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL			EMETERY OR CREMATORY EDEEMER CEM	23d LOCATION CITY OF TOWN ETERY BALTIMO	RE, MARYLAND
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR	INSON8521 LÖĞF		250 DAT	EREC'D. BY REGISTRAR 256 REGIS	

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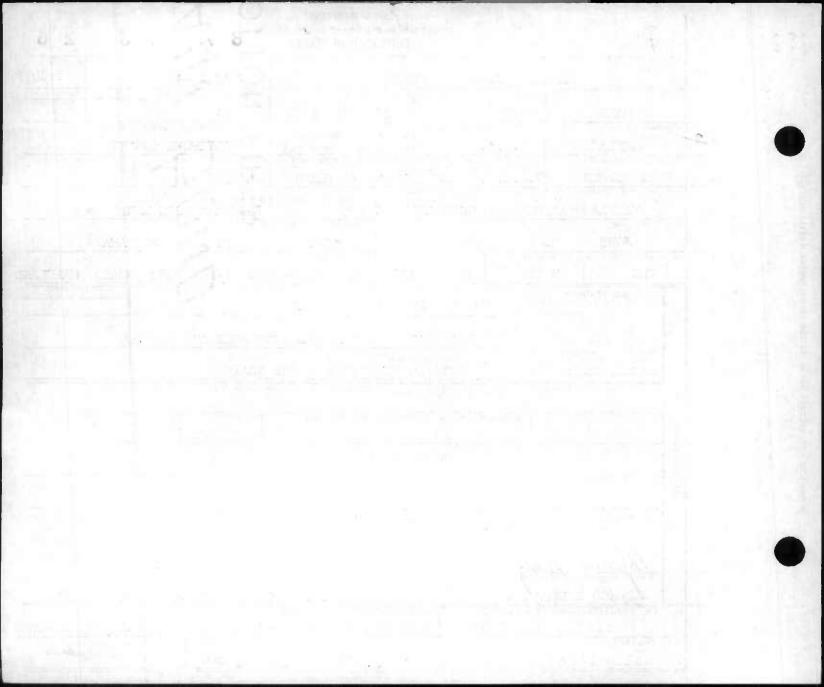
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

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	REG. NO.

2467 IN		-STATE (REGISTRAR		DEPARTA		ICATE OF DEA		8 / REG. N	0.	3 1	2 6
nay be page 3 r death		CEASED NAME FIRST AL	BERT J	OHN RE	EITER	ASI		MAY 2,	MONTH DA	r YEAR	7:20 _M
pod er de	3. SE	X	4 RACE		5. DATE C		6	AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
ctor s oft		MALE	WHITE		12	21 1	925	61	YRS.	NIHS DAYS	HOURS MIN.
\$ g	7a, BI	RTHPLACE (STATE OF FOREIGN	76 CITIZEN C	F WHAT COUNTRY?	8			BALTIMORE CITY O		F DEATH	
3557		MARYLAND	U.S.	Α.	WIDOWE	D NEVER MAR	CED VIV	BALTIMO	RE COIL	NTY	MD.
1		ORT HOWARD	11. NAME C	OF HOSPITAL, NURSIN SUCH FACILITY, GIVE STREET C., FORT H	IG HOME C	R OTHER INSTITU	TION	120. USUAL OCCUPATION OF WORK FOR MOST COLONIA	ION		F BUSINESS OR
135	13a. S	AL RESIDENCE (IF NURSING HOW STATE 130 CC MARYLAND H	E OR OTHER INSTITUTE	ON GIVE RESIDENCE BEFORE 13c CITY OR TOW JARRETTS	ADMISSION)	13d INSIDE CITY I		3555 ANDE		NE	2/08/
ond 2 s	14. FA	THER'S NAME FIRST JOHN	MIDDLE	REITER		15 MOTHER'S MA		M.		NAMAR <i>A</i>	ī
dico les	16a V	VAS DECEASED EVER IN U.S			RITY NO.	17 INFORMANT		ADDRI	ESS		
DO E	,	YES NO OR UNKNOWN) (IF YES W	W II	219 20 5	190	CLINICAL	RECOF	RDS, VAMC,	FORT H	OWARD,	MARYLAN
n please remay, carb burial, crematian, ar ry, ar ather traumátic		Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause last PART 2 OTHER SIGNIFICAL	DUE TO,	OR AS A CONSEQUE METASTATI	C CAR	CINOMA TO	O THE				
s any inju	CERTIFICATION	190. DATE OF OPERATION	19b. CON	NDITION FOR WHICH	OPERATIO	N WAS PERFORME	ED	20a AUTOPSY?	20b. IF YES, V	WERE FINDIN	GS USED OF DEATH?
Hygien 18 shaw	RTIF							YES NO XX			NO 🗌
Item 18 s		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	F DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	AY YEAR		Y OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 1B PAR	f (OR PART 2)	
morked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		CE OF INJURY STREET, FACTORY, OFFICE, F		211 LOCATION STREET		CITY OR TO	wN	COUNTY	STATE
of Heal		22a.1 certify that (1) (this h saw the deceased alive above, (1) (we) (did) (did	on MAY	2 19 8	17	UARY 27, 1 and that in (my) (our	,	_, to <u>MAY 2</u> eath occurred an the d			that (I) (we) last couses stated
RAL DIRECT detached state Dept.		27h SIGNAPHRE OFLOM? 0 734 PHYSICIANY NAME (*	Ruiz			PHY:	NDING SICIAN []	MEDICAL STA	FF CIAN KX	MAY	3, 87
should be deto with the State [IMPORTANT: If		ALFONZO RUI	z, M.D.			*		RT HOWARD,	MARYLA	ND 2	1052
	23a E	BURIAL, CREMATION, REMOVE Burial	23b. DATE 5/5			EMETERY OR CREA		23d. LOCATION CITY OF TOWN Dundal		to. N	STATE Maryland
- 16 60M 7/84 /RA 15, 4)		INERAL DIRECTOR Onnelly Fune	eral Ho	me 300Mag	ceAve	21221	250. DATE	REC'D. BY REGISTRAR	25b. REGISTRA	R'S SIGNAT	LIRE

FOR



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar ottending physician.

and director, page 3

completely filled in by

STATE OF MARYLAND

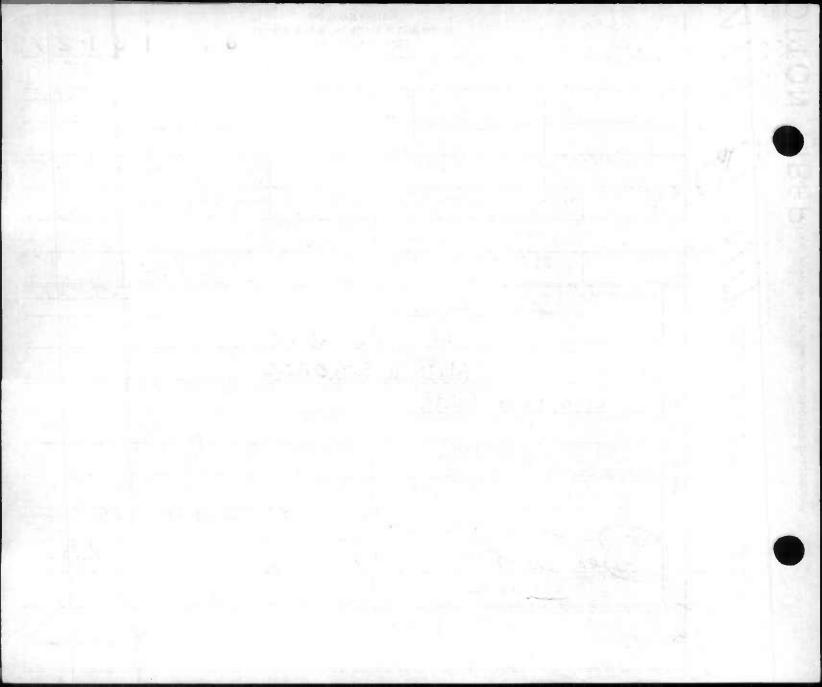
1.	FOR STATE	DE	PARTMENT OF F	REALTH AND MENTA	L HYGIENE	5"h 1"M			
	REGISTRAR		CERTIF	ICATE OF DEATH		B REG. NO		3	2 /
1. DE	CEASED NAME FIRST	WIDDLE		LAST	20 DATE	OF DEATH A	NONTH O	AY YEAR	26 HOUR
(179)	GARN	ELL FOSTER	R	CHARDSON		1	5 03	87	AA
3. SE.		4 RACE	5. DATE (OF BIRTH		IN YEARS LAST BIRTH	DAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	MALE	BLACK	MONT	12 191		7		ONTHS DAYS	HOURS MIN.
10-61	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8		0 DAITH	MORE CITY OR	COUNTY	OF DEATH	
100 000	ARYLAND	U. S. A.	WIDOW	D NEVER MARRIE	BAL	TIMORE	CITY	Co	
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	NURSING HOME			AL OCCUPATIO		126 KIND OF	MD. F BUSINESS OR
	BALTIMORE	3810 Oak A				WORK FOR MOST OF			agus Mest R.
USU.	AL RESIDENCE (IF NURSING HOME C	OR OTHER INSTITUTION, GIVE RESIDENC	E BEFORE ADMISSION!		4	TANCE P		Balto.	21207
М	ARYLAND 136. COL		IMURE	134 INSIDE CITY LIM YES NO X	3810	OAK AV	ENUE,	BALTIM	MD.
2 1	ATHER'S NAME HENRY	RICH	IARDSON	15. MOTHER'S MAID	EN NAME	WIOOFE		WILSC	ON
160 V	WAS DECEASED EVER IN U.S. A		L SECURITY NO.	17 INFORMANT N	1r.	ADDRES	Balti		1d. 21212
6	YES, NO OR UNKNOWN) (IF YES, G	220-0	5-1130	Garnell Ri	chardsor	n. Jr. 9	06 E.	Belvec	dere Ave.
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF								APPROXIM BETWEEN O	MATE INTERVALI
NO	Conditions, if ony, which gove rise to immediate cause to l. stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CON	utple	STROK NOT RELATED TO THE		ASE OR COND	ITION GIVE	N IN PART 110	
CERTIFICATION	190 DATE OF OPERATION		WHICH OPERATIO	CH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FIND IN CERTIFYING CAUSE					
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	EATH HOUR A.M. MONT	H DAY YEAR	21c HOW INJURY O	CCURRED (ENTER				
MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, (OFFICE, FARM ETC)	21f. LOCATION STREET		CITY OR TOW	N	COUNTY	STATE
	22a.1 certify that (I) (this hasp	- 47		nd that in (my) (our) o	87, to_	urred on the dot	e ond hour	-	hat (I) (we) last ouses stated
(The SIGNATURE	les MD.	A	DEGREE LD ATTEND PHYSIC		AL STAFF		22c. DATES	187
	Dr. Paul	Chw Artz		6804 Par			e, Ba	ltimore	e, Md.
(BURIAL, CREMATION, REMOVA SPECIFY) BURIAL	5/07/1987	Woodlaw	emetery or crematery		CATION CITY OR TOWN	Balti	more, M	laryland
24 181	UFFERREGIOSONS FU Ol Gwynns Fall:	UNERAL HOME, I s Pkwy. Baltim	NC. nore, Md.		MAY	RECASTRAR 2	REGISTR	AFS AGNATU	REadada

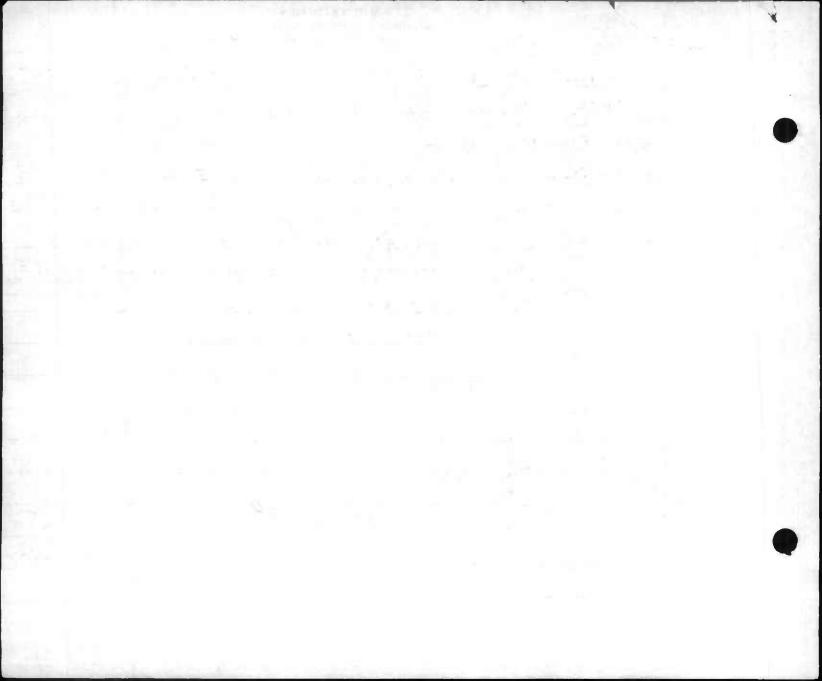
BP (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion one should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pag with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the

DHMH - 16 60M 7/84





5	5011 JUN-		FOR STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	0 /	G. NO.	3 1	2 9
	noy be poge 3		CEASED NAME E OR PRINT)	elen	/	Rébecca		Ridgely	2a. DATE OF DEAT		3-87	5 P.H : M
	4 % 4	3 SE		4	RACE	0	5. DATE (H DAY YEAR	6. AGE (IN YEARS LA	^	IF UNDER TYEAR	HOURS MIN.
	h. Poge ol direct		IRTHPLACE (STATE OR FO			WHAT COUNTRY?	8. MARRIE	- 3-1900 D NEVER MARRIED	9 BALTIMORE CI	_	OF DEATH	
V	e funer within 7	10 C	ITY OR TOWN OF DEAT	н 1				DR OTHER INSTITUTION	12a. USUAL OCCU			MD.
1201	the same	USU	AL RESIDENCE (IF NURSIN		I OIP	CH FACILITY, GIVE STREET	o A	De. ZIZZB		~akes	- Com-	mestic
AND 2	24 ho	13a.		Bell.	Υ	13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS?	130.STREET ADDR		Ave	85515
MARYL	P Q	14. F.	Some		IDDLE	tan Bre	ఆక్త	15 MOTHER'S MAIDEN NA	MIDO	265	C	AST .
MORE,	e executed		WAS DECEASED EVER IF		ED FORCES	212-74-4		17 INFORMANT	idesha	DDRESS 3716	Cente	AND AND
, BALT	ficate b obysicial popers. naval. ent, the		18 CAUSE OF DEATH PART I. DEATH WA	Enter only	one couse pe BY:	r line for (o), (b), on	dicu	ory failure s	od	to		NIMATE INTERVAL LONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	hot the deoth cert by the ottending ose remove corboi os, cremotion, or re r other troumotic er		Conditions, if ony, gove rise to imm couse (o), stoting underlying couse	which ediote	DUE TO, C	DR AS A CONSEQUE	NCE OF	chronic obstr disease				
DS, 20	equires n signed Then ple r to buri	z						NOT RELATED TO THE TERM	AINAL DISEASE OR	CONDITION GIV	N IN PART I	(0
IL RECOR	he fow reton. hos been it permit. I ene prior i ows ony ir	CERTIFICATION	190 DATE OF OPERATI			poparathy DITION FOR WHICH		N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FIND YING CAUSE	INGS USED S OF DEATH?
OF VITA	PHYSICIAN: T ending physici this certificate te buriol-tronsi and Mentol Hygi d or Item 18 sh		210 ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEAT	10		AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	F INJURY IN ITEM 18 P.	ART 1 OR PART 2)	
IVISION	JG PHYS ottendin ter this c is the bur h and Me rked or it	MEDICAL	21d INJURY OCCURRI	E 🔲	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F		211 LOCATION STREET	Сил	OR TOWN	COUNTY	STATE
٥	ATTENDIN sspitol or ICTOR: Af of for use a d for use a f for use a m 23 is mo		22a I certify that (1) (sow the deceased above, (1) (we) (di	this hospited dolive on _ d) (did not)	ol) ottended to 5-2 view the body	ne deceased from 19 E	Aug 7	nd that in (my) (&r) opinion	, toPres death occurred on t		ond from the	
	Y the ho Y the ho RAL DIRE detoched fote Depti		22b. SIGNATURE	H. &	Zound	20		-	MEDICAL DIRECTOR PH	STAFF IYSICIAN []	6-1	-87
	TO HOSPITA retoined by TO FUNERA should be de with the Stot		Wilfred H			, Jr., M.	D.	14 East Eag	er Street	: - Balt	o. MD.	21202
	○ 후 오유 ¾ ₹	23a	BURIAL, CREMATION, R	EMOVAL	23b. DATE	236 1	NAME OF (EMETERY OR CREMATORY				

ADDRESS BOX 268 250. DATE
Ellicottci by hed 2043

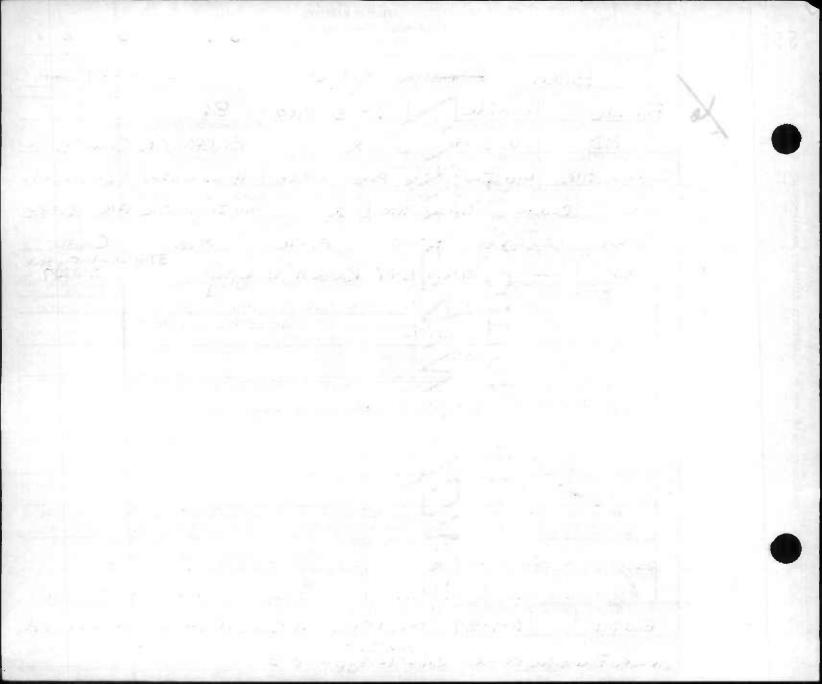
250. DATE REC'D. BY REGISTRAR 256 RAR'S SIGNATURE PENDAGE

DHMH - 16 60M 7/84

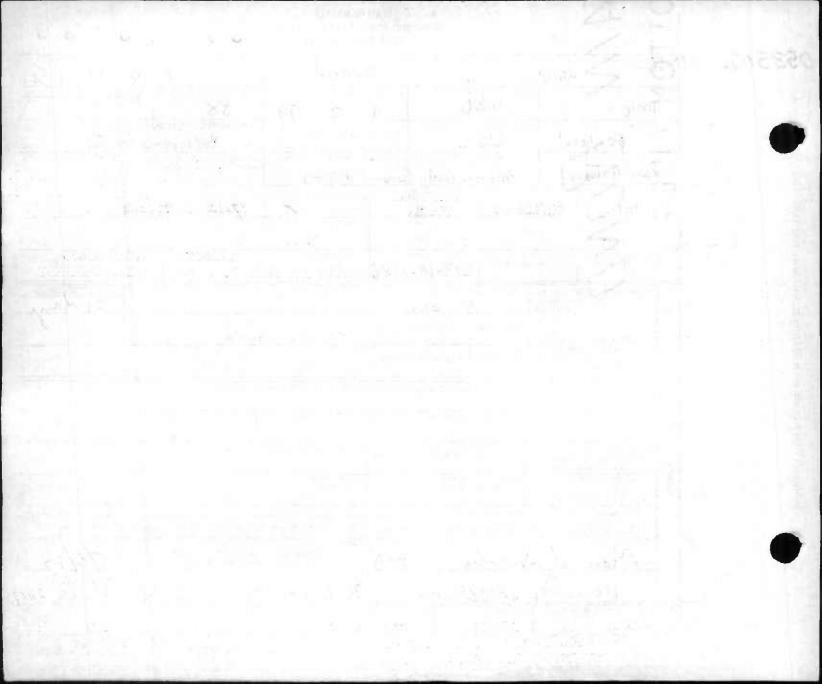
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(VRA 15, 4)

24 FUNERAL DIRECTOR



		1	FOR - STATE REGISTRAR	DEPART	MENT OF HE	OF MARYLAND ALTH AND MENTAL HYGI ATE OF DEATH	IENE 8 /	1 3		30
502 se pod se po	HAY		ECEASED NAME FIRST Harry	MIDDLE	RIC	hmond	20. DATE OF DEATH	5 6	81	1135 AM
ge 4 may ectar. po		3 S	male	4. RACE white	5. DATE OF	BIRTH YEAR 9	6 AGE (IN YEARS LAST BIRT	YRS.		IF UNDER 24 HRS
Jeath. Po	3	7a.	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Marsland	76 CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWED			more Co		MD.
rs ofter o	54		Randallstain	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET ROLLIMOU COUNTY	General		BEPTO K PO C SUPATION OF THE RECREAT I	ARKS (FE)	NDUSTRY	OF BALTO.
n 24 hav filled in	3	130	ino nas	OTHER INSTITUTION, GIVE RESIDENCE BEFOR 174 137 BIPMOR LOW XXXXX XXXXX	X'	YES NO	13e STREET ADDRESS	TAX SEE	76829	DR (2121 9 MARSUE
ed with	330	14.1	FATHER'S NAME FIRST MEYER	RICHMON!	D	S MOTHER'S MAIDEN NAM ELLA	MIDDLE		JSSBÅ	
be executed in and c	medica	160	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166. SOCIAL SECU E WAR OR DATES) 213-10-	876G	ALVIN RICHMO	ONEHAMAR, ND P.O. BOX		5 LEI	ECREST
quires that the death certificate signed by the attending physic hen please remave carban page	a burial, crematian, ar remaval. jury, ar ather traumatic event, the	NO	PART I. DEATH WAS CAUSE IMMEDIAT Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	Ly ane cause per line far (a), (b), and DBY: E CAUSE (a) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	ENCE OF	Cancina Cancin		DITION GIVEN I	21	MANTE INTERVAL ONSETAND DEATH
an. has been permit. T	ene priar i	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	206. IF YES, WE IN CERTIFYING	RE FINDING CAUSES	NGS USED S OF DEATH?
3 PHYSICIAN: T thending physici or this certificate the burial-transit	and Mental Hygi	MEDICAL CER	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D	AY YEAR	216. HOW INJURY OCCURR RIF LOCATION STREET	ED (ENTER NATURE OF INJUR		OR PART 2)	STATE
spital ar a	of Health			tal) attended the deceased fram	, and	that in (my) (aur) apinian d	, ta leath accurred on the do	te and hour and		that (I) (we) last causes stated
by the has legal DIREC	State Dept.		226. SIGNATURE	Jucobe.	us	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAF DIRECTOR PHYSIC		STO	GR-7
TO HOSPIT retained by TO FUNER	with the State	230	HOWAY	JACO6S, MC 1236. DATE 1236.	NAME OF CEA	70 0 PALNT	TELS MILL	1		US 21117
BP		1	BURIAL	5/8/87	RIGA I	CURLANDER VER	CITY OR TOWN	EDALE E	BALTO	MD
DHMH - 16 ((VRA):		24	FUNERAL DIRECTOR SOL LE	EVINSON & BROS., N RD. BALTO, MD	INC. 21215	250 DATE	Y 1 3 1987		SSIGNAT	Kandass



253066 MAY	17	FOR STATE REGISTRAR		MENT OF	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	8	REG. NO.	3 1	3
\$ 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		ORPRINT) ROSE	WIDDIE	R	1/ey	2a. DATE OF	DEATH MONTH	7 87	26 HOUR 5:40 AM
Page 4 may	3. SE)	-emale	white	S. DATE O			EARS LAST BIRTHDAY) 7 9 YRS		HOURS MIN.
meral in 72 and of one	Ne	RTHPLACE (STATE OR FOREIGN COUNTRY) W Jersey	76. CITIZEN OF WHAT COUNTRY USA	WIDOW	D DIVORCED	BAL	to. Co	unty	MD.
of the	1	TOWSON	11. NAME OF HOSPITAL, NURS (IF NOS IN SUCHE CUITY, GIVE STREE ST - JOSEP	h ADDRESS)	Hospital	(TYPE OF WOR	OCCUPATION K FOR MOST OF WORKING CCCETATY.	LIFE) INDUSTRY	cell.
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours ysician and completely filled in by opers. Pages frand 2 should be filled in, the medical examiner must be no	13a. S		other institution give residence defo NTY 136. CITY OR TO Cimore Baltim	WN	13d INSIDE CITY LIMITS? YES NO 🔼		ADDRESS / ZIP CO Wine Spr	og ing Ln.	21204
uted within uted within completely completel	1		A. Riley				allagher	IAST	
ificote be execuplysician and cappers. Pages, movel.		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV NO — —	MED FORCES? 166. SOCIAL SEC (E WAR OR DATES) 215 09		Mr. Thomas I	Rosser	343 N. C	Charles S	t. 2120
ss that the death cert bed by the ottending please remove carbon uriol, cremation, ar rety, an ather traumatic e.	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO	JENCE OF	NOT RELATED TO THE TERM		E OR CONDITION C	GIVEN IN PART 110	
TAL RECOR	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTO	IN CER	ES, WERE FINDING TIFYING CAUSES O YES	GS USED OF DEATH? NO
NOF VI		21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE.		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NA	TURE OF INJURY IN ITEM 1	8 PART I ORPART 2)	
DIVISION DING PHY or attendir After this e as the bu alth and M morked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
HOSPITAL OR ATTENDI ined by the hospital or FUNERAL DIRECTOR. A build be detached for use build be detached for use with the State Dept. of Heal		sow the deceased alive on	t) view the body after death.	run a Wi	, 19 nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF _		
BP	23a. E	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	236. DATE 23c 5/11/87		EMETERY OR CREMATORY	23d. LOCA	ortown Baltimore	COUNTY Md.	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24. FU	uneral director ITCHELL-WIEDEF	ELD HOME, INC.	6500	York Rd. MA	. 0 40	B7 Julia	Deorges - Kon	IR

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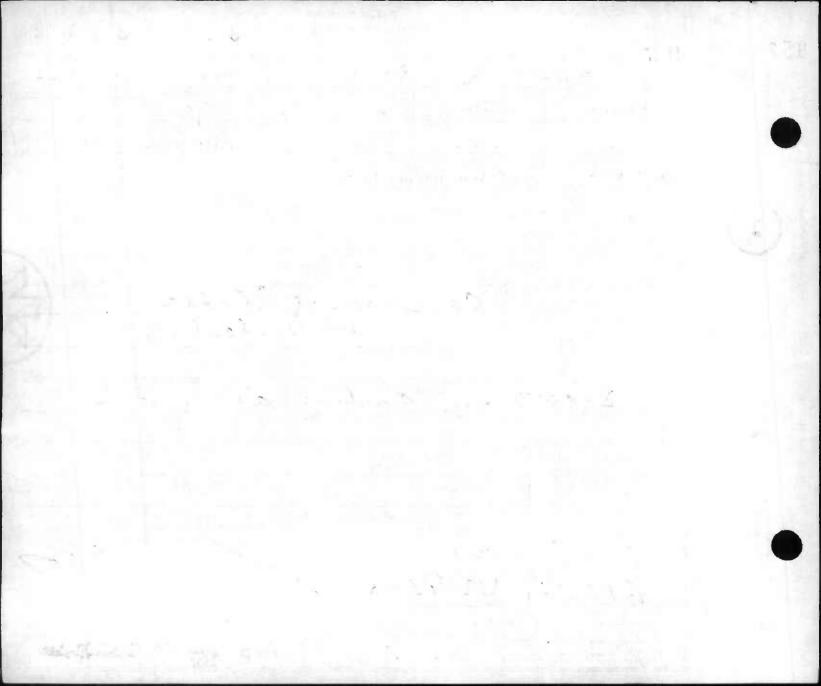
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SHAY	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HYG	SIENE 8 7	7 1 6 7
			CERTIFICATE OF DEATH	" REG. NO.	3 1 0 2
	DECEASED NAME FIRST A NA	MIDDLE	RINE		1987 9:15 A
3	SEX	4 RACE	L DAYE OF DISTU		IF UNDER TYEAR IF UNDER 24 HRS
	Female	white	MONTH DAY YEAR OF TOWN	90 YRS.	ONTHS DAYS HOURS MIN.
8A	BIRTHPLACE (STATE OR FOREIGN) COUNTRY) MD •	76 CITIZEN OF WHAT COUN U.S.A.	MARRIED NEVER MARRIED	Balt More	
25	CITY OR TOWN OF DEATH		WIDOWED NORCED URSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OR
7.0	Baltimore	MELIGIAN	erring rankway	HOMEMAKER	-
	JSUAL RESIDENCE (IF NURSING IT HE OF		TOWN 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 4353 NICHOLAS	2 AVE 21206
150	FATHER'S NAME	MIDDLE LAS	IS MOTHER'S MAIDEN NA		
500	JOSEPH	LUIS	EMMA		RÜSSEY
2 dedico	WAS DECEASED EVER IN U.S. AR		SECURITY NO. 17 INFORMANT B2-4329 DOROTHY FF	DEAL (DCHAB)	O WALNUT AV
4	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b	o), and (c).)	RO-01.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1		TE CAUSE (a)	2 wines	()kayes	
9 40		DUE TO, OR AS A CONS	EQUENCE OF WITH M	relasting	
7 1700	Conditions, if ony, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	EQUENCE OF		
46	underlying cause last.	(c)	EGOENCE OF		
0.4		- 60	TO DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIVE	N IN PART 1:a
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	1	HICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED
2	ZI EL				ING CAUSES OF DEATH?
7. 2	OR COLUMNIC CALLES OF OF		DAY YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM T8 PA	RT I OR PART 2)
1/	(IF EITHER NOTIFY MEDICAL EXAMINES	P.M. 21e. PLACE OF INJURY	19 211 LOCATION		
rkedy	WHILE NOT WHILE ALL WORK	LAT HOME STREET, FACTORY OF	FICE, FARM ETC) STREET	CITY OR TOWN	COUNTY STATE
in mo	22a I certify that (1) (this haspi				9, that (I) (we) lost
E E		t) view the body ofter death.	. and that in (my) (our) opinion DEGREE	death accurred on the date and hour	
# Dep	226. SIGNATURE	meil.	ATTENDING .	MEDICAL STAFF	221. DAJE SIGNED
ORTAN ORTAN	224 PHYSICIAN'S NAME (TYPE OF	OR PRINT!	PATE GO		
4 %		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION	
13/	30. BURIAL, CREMATION, REMOVAL BURIAL	5/8/87	HOLY REDEEMER	BALTIMORE	MD.



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG. NO.	

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0	1-	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYGI ICATE OF DEATH	IENE 8 7	1 3	1 3	3 3
4		CEASED NAME FIRST OR PRINT)	TERINE I	-	INGGOLD		MONTH DAY	87 /	HOUR 7,00M
	3 SEX		RACE W	5. DATE O		6. AGE (IN YEARS LAST BIRT	THDAY) IF UND		UNDER 24 HRS.
1	1	Md.	USA	WIDOWE			ore Co.,	EATH	MD.
1	Ra	andallstown /	NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Baltimore Co	ounty Ger		120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF Clerica	F WORKING LIFE) IN	NIND OF BUDUSTRY Dept.	Store Store
5	13o. S	AL RESIDENCE (IF NURSING) ONE OR OT THE MILE AND COUNTY		E BEFORE ADMISSION) R TOWN LIMORE	100	130 STREET ADDRESS	zip cope ton St.	21	218
2	14. FA	THER'S NAME FIRST Charles	s A. Schomani	n	15. MOTHER'S MAIDEN NAM	WIDDLE		LAST	
2		VAS DECEASED EVER IN U.S. ARME (ES. NO OR UNKNOWN) (IF YES, GIVE V NO —	WAR OR DATES!	09 6612	Mr. Charles F	ADDRE F. Schomann,		parks,	21152 Md.
)	NOI	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONE (b) DUE TO, OR AS A CONE (c)	SEQUENCE OF	Land	MAL DISEASE OR CONE	DITION GIVEN IN	PART lia	
j	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	VHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WER IN CERTIFYING YES	CAUSES OF	
	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDIC AL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that I (this haspital saw the deceased alive on above 11 (we) (did) (did not). 22b. SIGNATURE	P.M. 21e PLACE OF INJURY LAT HOME, STREET, FACTORY, C	19 DEFICE, FARM, ETC.) from	211 LOCATION STREET 20 19 30 d that in (page) (aur) apinion d	CITY OR TO	wn co	OUNTY that	
1		224 PHYSICIAN'S NAME (1994 ON P	1 8. Ro		PHYSICIAN [22e. ADDRESS]	DIRECTOR PHYSIC	P. H.	-/15	187
	23o. B	Burial Burial	5/18/87		awn Cometery	23d. LOCATION GITY OR TOWN Baltimo:	re, Md.	NTY	STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

74 FUNERAL DIRECTOR
MITCHELL-WIEDEFELD HOME, INC.

6500 Yerk Rd.

MAY20

250. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	THE SECIEN. The law requires that the deoth certificate be executed within 24 hours over deoth. Page 4 may be	the the certificate has been varied by the ottending physicion and completely filled in by the funeral director, page 3 on the burnal training permits from some carbon popers. Pages 1, and should be filed within 72 hours after death
DIVISION OF VITAL RECORDS, 3	ING PHYSICIAN, The law require r attending physician	Her this certificate has been sign as the burial transit permit. Then

ar other troumatic event, the medical

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	I REG. N	10.	3	1	3	
DATEC	OF DEATH	MONTH	DAY	YEAR	2b HOL	j

	REGISTRAR		CERTIF	ICATE OF DEATH	0 /	REG. NO.	9 1	0 1
	CEASED NAME FIRST	WIDDLE	1 1 1 1 1 1 1	AST		EATH MONTH	DAY YEAR 2	Th HOUR
(TYPE	E OR PRINT)	irs. Mabel Anne Rit	those I		- M	E 1000 '		3'5pm
3. SE		4 RACE	5. DATE C	OF BIRTH	6. AGE LIN YEAR	S LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Downla		MONTH				MONTHS DAYS	HOURS MIN.
In B	IRTHPLACE (STATE OR FOREIGN	Caucasian 76 CITIZEN OF WHAT COUNT	RY2 8	31/03	9 BALTIMORE	CITY OR COUNT	Y OF DEATH	
	COUNTRY)		MARRIE	D KNEVER MARRIED	, ortaniona	o <u>o</u> oo o		
10 0	Maryland ITY OR TOWN OF DEATH	U.S.A.	WIDOWE		120. USUAL OC	Itimare Ca	Y2b. KIND OF	MD.
		(IF NOT IN SUCH FACILITY, GIVE S	REET ADDRESS)	OTTER INSTITUTION	(TYPE OF WORK FO	JR MOST OF WORKING LI	INDUSTRI	
145 []	Pikesville AL RESIDENCE (IF NURSING HOME OF	Pikesville Nurs			Clerica	1 .	Gas &	Fectric
130.	STATE 13b. COU	NTY 13c. CITY OR 1	OWN	13d. INSIDE CITY LIMITS?		DRESS / ZIP COD	E 211	33
		ltimore Randal	lstown	YES NO X	8816 Lil	berty Road		
14. F/	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA		MIDDLE	LAST	
	Unknown	Kendall		Mabel	ıknown			
160	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIALS	ECURITY NO.	17 INFORMANT Mr. C	Bardan C. I	Ritter		
,	YES NO OR UNKNOWN) (IF YES, GE	212-0	5-7006	8816 Liberty F	Road_	Randal	Istown Mar	vland 21133
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause per line for a), (b	1, ond (c1.)		, .		APPROXIMA BETWEEN ON	ATE INTERVAL
		TE CAUSE (a)	brac	Throm	bolio			200
	Trivile B	DUE TO, OR AS A CONSE	OHENCE OF					
	Conditions, if ony, which	1	QUENCE OF					
	gove rise to immediate	(b)						-
	cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSE	QUENCE OF					
		(c)						
Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE C	R CONDITION GI	VEN IN PART 110	
MEDICAL CERTIFICATION						Tool 15 VE	C MERCENIA	
CA	190 DATE OF OPERATION	196 CONDITION FOR WE	TICH OPERATIO	N WAS PERFORMED	200 AUTOPS		S, WERE FINDING IFYING CAUSES O	
RTIF						_		NO 🗆
G	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATUR	E OF INJURY IN ITEM TB	PART I OR PART 2)	
CAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	210	19					
ED	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF		21f. LOCATION	(CITY OR TOWN	COUNTY	STATE
Σ	WHILE NOT WHILE AT WORK	FAT HOME, STREET, FACTORY, OF	ICE, FARM, ETC)	JACET				
	22a.1 certify that (1) (this hosp	ital) ottended the deceased from	om5	19 8	7 to 5	-15	19 8 7 th	(we) last
	sow the deceased olive or	5-8	9 57,0	nd that in (aur) apinian	death accurred a	on the date and har	ur and from the ca	uses stoted
	22b. SIGNATURE	view the body after death.	- 0	DEGREE			22c, DATE SI	IGNED
	1d ~	12/24	7//	ATTENDING	MEDICAL _	STAFF	C11	62
	22d. PHYSICIAN'S NAME (TYPE	00 2000	1	PHYSICIAN [DHRECTOR	DHYSICIAN [13-16	
	A I	OR PRIMITI		THE ADDRESS	1, 11	-14	215	0
	HAROLD	is. 13013		1220 Ta	VK HR	yns	0120	8
23a	BURIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	23d. LOCATI		COUNTY	STATE
	Burial	5/18/87	Lonain	e Park Cemetery	Woodla	wn Ba	litmore	MD MD
24. F	UNERAL DIRECTOR LOCIT	g Byers Funeral D	rectors,	Inc 25a. DA	TE REC'D. BY REC	SISTRAR 256 REGIS	TRAB'S SIGNATU	RE .
	8728 Liberty Road	Ramallstown Man	iland 21	133 M	AY 1 9 19	987	Deviden. K	andala
-								

DHMH - 16 60M 7/84

O FUNERAL DIRECTOR

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PORTANT: IF IN

(VRA 15, 4)

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6500 York Rd.

DHMH - 16 60M 7/84

(VRA 15, 4)

MITCHELL-WIEDEFELD HOME. INC.

STATE OF MARYLAND

Iil o ilo o an ilo con ilo

After this certificate has been signed by the attending physicion e as the burial-transit permit. Then please remave carban papers. F

should be detached for use as the burial-transit permit. Then please remove carb with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or

MPORTANT: If Item 21 is marked or Item 18

eral director, page 3

STATE OF MARYLAND

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	1		- 1
	PEG		- 1
	DEC.	NO	

Male White Feb. 27, 1912 75 Pgs MARRED NARRED NA	3 6									
6		OR PRINT)				-			YEAR	26 HOUR
	3. SE)							HDAY) IF		IF UNDER 24 HRS
	-		White			12	75		NIHS DAYS	HOURS MIN.
1	70. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8.	D X NEVER MARR	IED 🗆 9	BALTIMORE CITY OF	COUNTYO	FDEATH	
2		MD		WIDOWE	DIVORC	ED []	Baltimor	re Cou	unty	MD.
2	1.		E STREET ADDRESS)		ION I	(TYPE OF WORK FOR MOST OF	WORKING LIFE)	INDUSTRY		
7	130 S	STATE 13b COUN	OTHER INSTITUTION, GIVE RESIDENCE TY 13c. CITY OF	E BEFORE ADMISSION) R TOWN	13d. INSIDE CITY LIA		3e.STREET ADDRESS /	ZIP CODE		21090
	IA FA					IDEN NAMI			LAS	
7	100				Bettie					
/				L SECURITY NO.	17 INFORMANT		ADDRES	S		
-		Yes WW	II 215 1	8 9439	Mrs. O	livia	E. Robin	son,		
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	SEQUENCE OF					J IN PART 1	
/	TIFICATION			W. P. P.			200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN	WERE FINDIN	IGS USED OF DEATH?
1		OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONT		21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18 PART	I ORPART 2)	
	MEDIC	216 INJURY OCCURRED	21e. PLACE OF INJURY	DEFICE, FARM, ETC.)		e A	CITY OR TOW	N .	COUNTY	STATE
		sow the deceased alive on a	MAY 18	CI	17	opinion de	oth occurred on the do	e and hour o		California
/		relanie le	C . MACONO.		D ATTEN				22c. DATE S	SIGNED
		Dr. Marcio A	Menendez, M	CERTIFICATE OF DEATH DATE						
	("Burial	5/27/87	Green	Mount		Balto.	_	M	
	24 FU	INERAL DIRECTOR Henry NAME York Road	W. Jenkins Balto.,	& Sons	Co. 1212	250 DATE	26 1987	Sh. REQISTRA	SSIGNATU	URE codation

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: etained by the haspital

BP.

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STATE OF MARYLAND

3	REG. I	١٥.	1	3	3	1	3	1
OF	DEATH	MONTH		DAY	YEAR	2b	HOUR	

Aulia Tiordon Randales

084 JEN	1	î êhn					STATE OF MARY						
A D B JUN	4.	STATE REGISTRAR			DEI		NT OF HEALTH AN CERTIFICATE OI		BIENE 8	REG. NO	. 1	3 1	3 7
death		ceased NAME	FIRST	c.	MIDDLE		Rohrs		20 DATE C	29, 19	1	DAY YEAR	26 HOUR 2:45p M
	3. SE	emale		4 RACE White		5	DATE OF BIRTH				MONTHS DAYS	R IF UNDER 24 HRS. HOURS MIN.	
23		RTHPLACE (STATE OR)	FOREIGN	76 CITIZEN OF	WHAT COU		MARRIED NEVE	R MARRIED DIVORCED		ORE CITY OR timore		OF DEATH	MD.
2	1	atonsville		11. NAME OF (IF NOT IN SU 211 S	HOSPITAL, NICH FACILITY, GIVEN	VURSING I	HOME OR OTHER IN Cowrt	NSTITUTION	(TYPE OF WO	OCCUPATION FOR MOST OF	WORKING LIF		
記	13g M	AL RESIDENCE (IF NURS STATE A	13b. COUN Bal	other institution ity	13c CITY OF		. 113d INSIDE	E CITY LIMITS?	13e STREET	ADDRESS /	7IP CODE		21228
3		oland Sank	Cork	middle tan	LA	AST		r's MAIDEN NA riett We	ME				AST
medicol	160 V	VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	16b. SOCIA 214-3		Y NO. 17 INFOR			ADDRES		ady Noc	ok Court
urial, cremation, or ren y, ar other troumatic ev		Canditions, if any, gave rise ta imr cause (a), statin underlying cause	mediate ng the last.	DUE TO, C	DR AS A CON	ISEQUENC	CE OF	ED TO THE TERM		SE OR COND	DITION GIV	/EN IN PART 1	
it permit. Then	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	DITION FOR V		PERATION WAS PER	FORMED	200 AUT	TOPSY?	20b. IF YES IN CERTIF YE	S, WERE FINDI FYING CAUSE	INGS USED S OF DEATH?
he buriol-transif nd Mental Hygied or them 18 shu	MEDICAL CER	216. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 216. INJURY OCCURI WHILE NOT WH	CALLE OF ALE	HOUR A	OF INJURY A.M. MONT P.M. OF INJURY TREET, FACTORY, (YEAR 19 211 LOCA	TION REET	RED (ENTER P	CITY OR TOW		PART 1 OR PART 2)	STATE
te Dept. of Heolth o I: If them 21 is mork		220. I certify that (1) saw the decess above, (1) we) (2 22b. SIGNATURE	this haspi	t) view the bady		from	DEGREE	, 19 4 ny) our) opinion ATTENDING PHYSICIAN			_		ESIGNED
TO FUNERA should be de with the Stal	23a. E	22d. PHYSICIAN'S N. Or. Charles Charle	rles 1	R. Graho		23c. NA/	22e. ADDR 259 ME OF CEMETERY O	RESS Fre Deu OR CREMATORY	23d. LOC	ATION	t pod	COUNTY YEARS	STATE
		UNERAL DIRECTOR		1 00/02	2/0/	mead	lowridge C	250 D'A1	TE REC'D. BY	OTSEY REGISTRAR 2	HOW 256 REGIST	Vard M LRAR'S SIGNA	laryland ATURE

Ambrose Funeral Home 1328 Sulphur Spring Rd.

DHMH - 16 60M 7/84 (VRA 15, 4)

THE STATE OF THE S Secretary and the Sand Secretary Sec The District II have been a second to the se

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 D HOSFIFAL OR ATTENDING PHYSICIAN: The low requires that itemed by the hospital or offending physicion.

© FUNERAL DIRECTOR. After this certificate has been signed by having the setoched for use as the buriol-transit permit. Then please with the State Dept. of Health and Mental Hygene prior to buriol, critical manual manual Hygene prior to buriol, critical manual manual Hygene prior to buriol, critical manual ma

injury, or other tr

ORTANT: If Hem 21 is morked or Item,

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DHM	H - I	66	MO	7/B4
	(VRA	15	. 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE O

7	1	3	1	3	
REG. NO.					

Julia Dividson Pandace

- STATE REGISTRAR				CERTIF	ICATE OF DEAT	H	REG.	NO.	3	3	8
. DECEASED NAME (TYPE OR PRINT)	FIRST	N	IDDLE		AST	20	. DATE OF DEATH	MONTH	DAY YEAR	2b HO	JR
	Virgil	Glen	n Rol	f			May 10.				N
I. SEX		4. RACE		5 DATE (6.	AGE (IN YEARS LAST !	BIRTHDAY)	MONTHS DAYS	HOURS	R 24 HRS MIN.
Male		White		Octo		25		61 YRS			
a. BIRTHPLACE (STATE	OR FOREIGN		VHAT COUNTRY?	MARRIE	D A NEVER MARRI	ED 9	BALTIMORE CITY	OR COUN	TY OF DEATH		
Ohio		U.S.		WIDOWI		ED 🗌	Baltimore				WE
O CITY OR TOWN OF	DEATH		IOSPITAL, NURSII 1 FACILITY, GIVE STREET		OR OTHER INSTITUTE		a USUAL OCCUPA TYPE OF WORK FOR MOST		126 KIND		ESS OR
Middle Riv		326 G	rovethor	ne Roa	ad 2122	0	Superviso	r	Gener	al Me	otor
SUAL RESIDENCE (IF N 30 STATE	13b COUN		13c. CITY OR TOV		13d INSIDE CITY LIA	MITS?	e.STREET ADDRESS	ZIP CO	DE		
Maryland	Balti	more	Middle	River	YES NO	St.	326 Grove	thorn	ne Road	2122	0
FATHER'S NAME	A	AIDDLE	LAST		15. MOTHER'S MAIL	DEN NAME	MIDDLE		L/	AST.	
J	oseph	Rolf				Mild	red Corie	11			
WAS DECEASED EN		MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADD	RESS			
YES	WW]	1	220 18	4734	Mary Lee	Rolf	(wife)	(san	ne)		
18 CAUSE OF DE	ATH (Enter an)	y one cause per	line for (o), (b)	g/c.i	_/		<	1	APPRO BETWEEN	XIMATE INTE	RVAL D DE ATH
PART I, DEATH	I WAS CAUSED	E CAUSE (a)	10	100	111-6	200 /	22111	/			
	IGNIFICANT C	ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	HE TERMINA	AL DISEASE OR CO	NDITION C	GIVEN IN PART 1	10	
190 DATE OF OPE	RATION	19b CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?		YES, WERE FIND TIFYING CAUSE YES		TH?
210. ACCIDENT WAS	UNDERLYING	21b. TIME OF	INJURY		21c. HOW INJURY	OCCURRED	(ENTER NATURE OF IN	JURY IN ITEM I		110 [
On COLUMNIA IN LOCAL	_	TH HOUR A.A		AY YEAR							
IF EITHER NOTIFY A		21e PLACE C	OF INJURY		211 LOCATION						
ALLIER MO	WHILE WORK	(AT HOME STRE	ET, FACTORY, OFFICE,	FARM, ETC)	STREET		CITY OR	IOWN	COUNTY		STAIL
220 I certify that		al) attended the	deceased from	Han	17 10	87	10 Mas	1/0	1087	that (b)	(we) lo
saw the dece	eased flive on_	Mass	2 19	1 / , 01	nd that in (my) (aur)	opinian deo	th occurred on the	date and h	aur and fram the	e couses st	ated
abaye (I) (we	e) (dig) [did nat	view the body	offer deoth.	1	DEGREE				22c ()AT	ESIMNED	1
	X.	nina	MA		ATTEN	DING	MEDICAL ST DIRECTOR PHYS	AFF	5	/11	1
TIL PHYSICIAN'S	NAME (TYPE-OR	PRINT)	7/1/10	/	PHYSIC ADDRESS	CIAN E	PHTS	ICIAN	11/	1	0/
Louis	5 96	EURE	116	1-1-	21000	REM	15 191	BAC	THO	21	2
a. BURIAL, CREMATIC (SPECIFY)	N, REMOVAL	23b. DATE			EMETERY OR CREMA		23d. LOCATION		COUNTY	100	STATE
Burial		5/13	/87 H	olly !			ns Baltin			yland	1
FUNERAL DIRECTOR			ADDRES	07.1.			C'D. BY REGISTRA	-			
Bruzdzinsk	i Funer	al Home	PA 1407	Old !	Eastern A	re. MI	1Y 1 1 198	1 Che	lia Davids	n. Pan	dass

Win 11 Jenn colf Siy 10, 1967.

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Fiddle River 200 and COUNTRY Representations of Country Representations and Country Representation Representation and Country Representation and Count

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-	137	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 7	0.	3	3 9			
		CEASED NAME OR PRINT) E	FIRST		MIDDLE .		OSENBLATT	MAY 23,		YEAR	26 HOUR 11:34			
1	3 SE:	FEMALE		4. RACE WHITI	3	5. DATE C	. 2,1899 YEAR	FUNDER I YEAR	HOURS MI					
9		RTHPLACE (STATE OR NEW YORK	FOREIGN	76. CITIZEN OF USA	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	BALTIMORE CITY OF		OF DEATH				
3		TY OR TOWN OF DE		(IF NOT IN SUC	CH FACILITY, GIVE STREET	ADDRESS)	NERAL HOSPITA	170. USUAL OCCUPAT (TYPE OF WORK FOR MOST) HOUSEWIF	OF WORKING LIFE)	INDUSTRY	MAKER			
3	13a. S	AL RESIDENCE (IF NUR. STATE MARY LAND	BALT	YTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW PIKESVI	N	13d: INSIDE CITY LIMITS?	13e STREET ADDRESS 4 POMONA N	/ ZIP CODE IORTH A	PT. 10	2120			
3					SCHIPPELL		15 MOTHER'S MAIDEN NA			UNKNOWN				
Jan San	16a V	VAS DECEASED EVER		MED FORCES? VE WAR OR DATES)	216-01-1		JOSEPH K. RO	ADDR	4 PO	MONA N PT. 10	ORTH (21208)			
		Conditions, if any gove rise to im cause (a), stati underlying cause	, which mediate ng the	(b)	R AS A CONSEQUE	NCE OF	MFUNG W							
	NO	PART 2 OTHER SIG	NIFICANT	CONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVE	N IN PART 1	a			
7	CERTIFICATI	19a DATE OF OPERA	TION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO			INGS USED S OF DEATH?			
1		21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MED	CAUSE OF DE	ATH HOUR A	DE INJURY .M. MONTH D. .M.	AY YEAR	?1c HOW INJURY OCCUR	RED (ENIER NATURE OF INJ	JRY IN ITEM 18 PAI	RT I OR PART 2)				
	MEDICAL	214 INJURY OCCUR	HILE []		OF INJURY REE1, FACTORY, OFFICE, F	ARM, E1C }	211 LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE			
		sow the deceasebove, (I) (vol.)	ed alla be	<12	19 0	37	nd that in (my) (oc) apinion	death occurred on the c	Jore and hour	ond from the	, that w (we) lo e couses stated			
		22b. SIGNATUR	Q	Jul	D		DEGREE ATTENDING PHYSICIAN	MEDICAL STA MEDICAL STA MEDICAL STA			24/87			
1		22d. PHYSICIAN'S N	AME (TYPE O		Blul no)	3640 FUZD	א שוצט ל	snes ?	21215				

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

BURTAL 5/25/87 HEBREW FRIEN

74 FUNERAL DIRECTOR SOL LEVINSON & BROS.
6010 REISTERSTOWN RD. BALTO., MD. (21215) HEBREW FRIENDSHIP

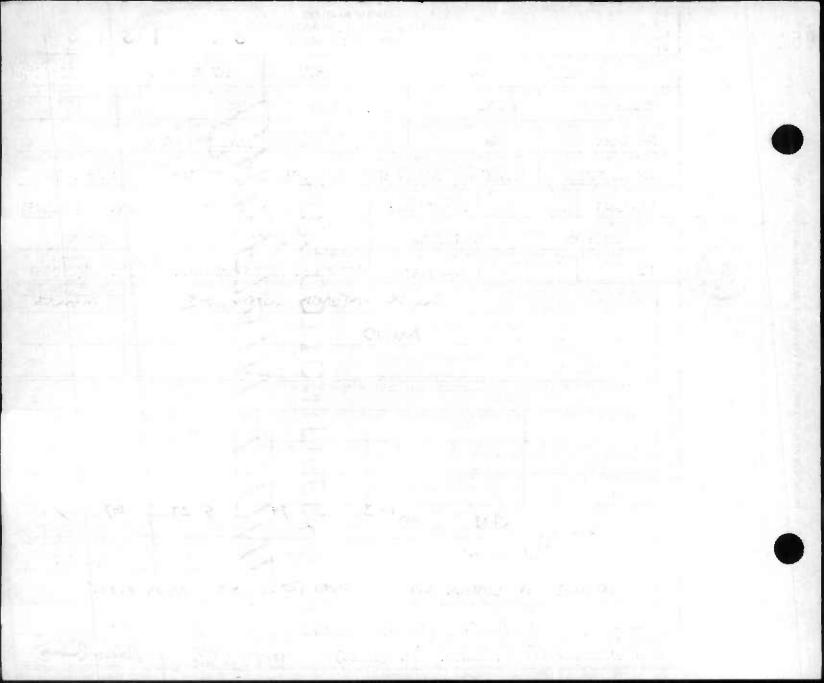
23b. DATE

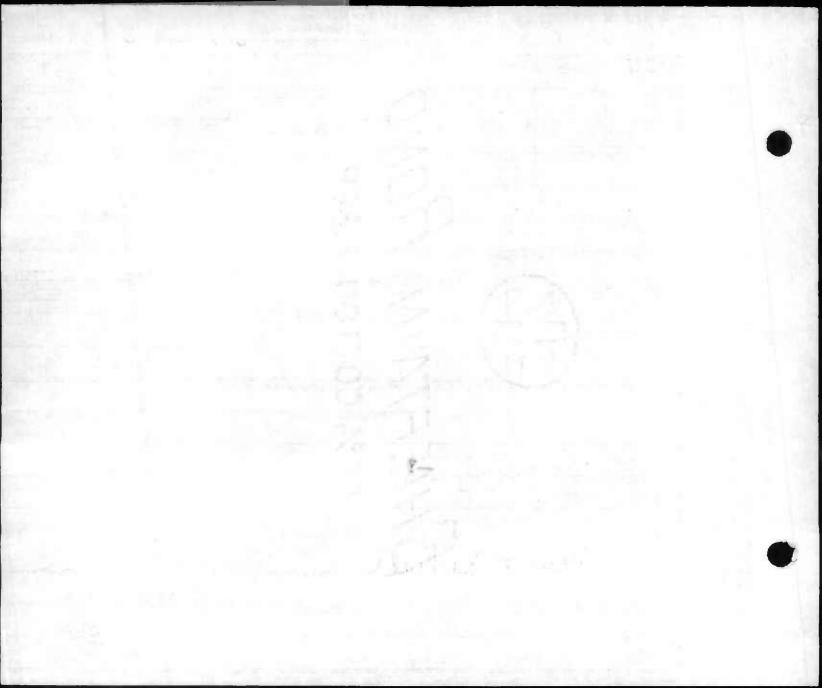
230. BURIAL, CREMATION, REMOVAL BURIAL

BALTIMORE, MD. MAY 2. 8 1987 Julia Dandon Rolls

RMOD ZIZIS

STATE





	FOR 1 - STATE CREGISTRAR			DEPARTI	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	GIENE 8 ZG.	10.	3 1	4 1
4	1. DECEASED NAME	FIRST	M	IDDLE	į	AST	20. DATE OF DEATH		DAY YEAR	2h HOUR
	(TYPE OR PRINT)	eorge	V		Ru	nk	A WELL	5 2	3 1987	1
	3 SEX	4. RA	ACE		5. DATE C		6 AGE (IN YEARS LAST BI		IF UNDER I YEAR	IF UNDER 24 HRS.
	Male		Caucas	ian	12-	21-23	63	YRS.	MONTHS DAYS	HOURS MIN.
-	To BIRTHPLACE (STATE OF I			VHAT COUNTRY?	9	D NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
5	Maryland		USA		WIDOWE		Baltimore County			
-	0 CITY OR TOWN OF DEATH 11. NAME OF				NG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12b. KIND O	OF BUSINESS OR
1				berty Ro			Retired- I			ch
e di	USUAL RESIDENCE (IF NURS		R INSTITUTION C	SIVE RESIDENCE BEFOR	E ADMISSION)					
	Marvland	Baltime	- 1	Randalls		136 INSIDE CITY LIMITS?	9214 Liber			33
	14. FATHER'S NAME				COWII	15 MOTHER'S MAIDEN NA	ME	Ly Mu	. 211	
	Charles	Eat		Runk		Edith	WIDDLE		LAS M = = 1= 2.	
4	160. WAS DECEASED EVER			16b. SOCIAL SECU	JRITY NO.	17 INFORMANT Randa	11 - ADDR	RESS MD	Meeki	
	(YES, NO OR UNKNOWN) Yes	WW 2		210 10 2	257				21133	
				218-18-2		Mrs. Doris R	unk 9214 1	lbert		MARTE MATERIAL
	18 CAUSE OF DEAT PART I. DEATH W	AS CAUSED BY	ie cause per l	ine for (a), (b), or	id (c).1	. To Sules	4.0		BETWEEN	ONSET AND DEATH
		IMMEDIATE CA	AUSE (a)	Cardio	resp	cratory falle				
						metastatic Car		1		
	Conditions, if any,		(b)	Cochesi	a of	melasiane can	211-11-67 4	con		
	couse (a), statir	ng the	DUE TO, OR	AS A CONSEQU	ENCE OF					
	underlying couse lost.									
		nificant coni	DITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR COM	ADITION GIV	EN IN PART 1	O
	2									
	190 DATE OF OPERA	TION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FINDIN FYING CAUSES	

TO A SECOND STREET	- 107	1965	6/22/	R'7	VVV			
AT WORK NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)							
21d INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION	CITY OR TO	wn COUNTY	STATE			
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19							
OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR							
		21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)						
			YES NO	YES 🗌	NO 🗌			
PUT TO THE				IN CERTIFYING CAUSE	S OF DEATH?			

sow the deceased alive on 5/23/87 above, (I) (yeardid) that you view the body after death and that in (my) 2000 apinion death accurred on the date and hour and from the causes stated 220 DATE SIGNED

21133

DEGREE 226 SIGNATURE Harrell ATTENDING MEDICAL STAFF
PHYSICIAN ADDIRECTOR PHYSICIAN M.D.

22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS John J. Darrell, M.D.

9017 Liberty Road Randallstown, Maryland 21133 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION

230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) 5-26-87 Burial 74 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc

Randallstown, MD

Garrison Forest VA Cem Garrison

5/23/87

Baltimore

STATE

MD

DHMH - 16 60M 7/B4 (VRA 15, 4)

should be detached for use as with the State Dept. of Health TO FUNERAL DIRECTOR:

MPORTANT: If Item 21 is

8728 Liberty Rd.

1 6 And 9/2020 Compared to the control of the contr x your Liberty . d your 11137 John J. Larrell, J. D.

DHMH - 16 60M 7/84

(VRA 15, 4)

053580 MAY

STATE	OF	MARYL	AND
SIMIE	Ur	MAKIL	ARU

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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0	/
	REG. NO.

-	5 8	FOR STATE REGISTRAR			DEP		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 7	. 1 3	3 1	4 2		
		EASED NAME OR PRINT)	FIRST HEL		H.		nkle		05 12	*87	26 HOUR 5:10P M		
	3 SEX	FEMALE		4. RACE CAUC		s. date o		6. AGE (IN YEARS LAST BIRT	YRS IF U	INDER TYEAR	IF UNDER 24 HRS HOURS MIN.		
2	C	RTHPLACE (STATE OR F OUNTRY) Md.		16 CITIZEN OF V USA		MARRIE		BALTIMORE	BALTIMORE COUNTY MD.				
	2	TY OR TOWN OF DEA		GBMC-	6701 N	CHARL	ES ST.	(TYPE OF WORK FOR MOST O Teacher		Scho	of BUSINESS OR		
	USUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136. STATE Md. Baltimore Baltimore			13d INSIDE CITY LIMITS? YES NO 🔼	13e STREET ADDRESS / 8428 Gree	zip code enway R	oad	21234					
3	Charles M. Hensen				15. MOTHER'S MAIDEN NA/ FIRST MAI	y A. Hughs							
	16a W	(AS DECEASED EVER ES. NO OR UNKHOWN) NO		MED FORCES? E WAR OR DATES)		0 4462	Denise Fike	Owings Mi		d. 2	21117		
		18 CAUSE OF DEATH lEnter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RESPIRATORY					FAILURE			BET WEEN	MATE INTERVAL ONSET AND DEATH		
		Conditions, if ony,		DUE TO, OF	ASPNEUN	MONTA, C	HF						
		gave rise to imm couse (a), statin underlying cause	g the	DUE TO, OF	R AS A CONS	EQUENCE OF			-1		TA.		
	NOI	PART 2 OTHER SIGN	NIFICANTO	onditions <u>cc</u>	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	OITION GIVEN	IN PART 1	a		
7	CERTIFICATION	190 DATE OF OPERAT	TION	196 CONDI	TION FOR WI	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	IG CAUSES			
7		210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEA	III	M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	IY IN ITEM 18 PART	1 OR PART 2}			
	MEDICAL.	21d. INJURY OCCURE WHILE NOT WH AT WORK NOT WHO AT WORK		21e PLACE (FICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE		
		22a. I certify that (I) saw the decease abave, (I) (we) (c	ed olive an	05/12	2	07	nd that in (my) (aur) apinion of	death accurred on the do	zte and have ar		that (I) (we) last causes stated		
		226 SIGNATURE	7.	A. vo	on J	Frank	DEGREE ATTENDING PHYSICIAN	MEDICAL STAP		05/	12/87		
/	0	JOHANN F	F.A. VONFRANKE M.D.				GRMC-6701 N	. CHARLES S	г.				
		URIAL, CREMATION,	REMOVAL	236 DATE		23¢ NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		OUNTY	STATE		

Burial

5/15/87

Druid Ridge Cem.

Baltimore, Md.

24 FUNERAL DIRECTOR MITCHELL-WIEDEFELD HOME, INC.

6500 York Rd.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE a Landon-Randell

7=1 polyments of the efficients of Associate where a

05.2981

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYG

IENE 8 REG. NO. 1	3 1 4 3
05-0	25 HOUR 7 8:15 AM
92 _{YRS.}	IF UNDER 1 YEAR I IF UNDER 24 HRS.
BALTIMORE COUNTY BALTIMORE COU	NTY MD.
120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE SECRETARY	126 KIND OF BUSINESS OR INDUSTRYSEABOARD STEEL CO.
13e.STREET ADDRESS / ZIP CODE 2267 OLD FORT S	21074 CHOOLHOUSE ROAD
ME MIDDLE	DANKMEYER
2267 OLD FORT	SCHOOLHOUSE RD
FAILVEE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ADENOMA OF SIE	2000

- STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME ANNA RYAN S. 4 RACE SEX 5. DATE OF BIRTH JUNE 14, 1894 YEAR FEMALE WHITE O. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY MARYLAND U.S.A. WIDOWEDXX DIVORCED | CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) CATONSVILLE MERIDIAN NURSING HOME 13d INSIDE CITY LIMITS? HAMPSTEAD MARYLAND CARROLL NO XX 15. MOTHER'S MAIDEN NA FATHER'S NAME FIRST FREDERICK SCHMIDT ANNA 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO NO 218-12-4283 HARRY RYAN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: ASCVA IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF ANEMIA DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [] NO 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER 211 LOCATION 21d INJURY OCCURRED 218 PLACE OF INJURY AT HOME STREET FACTORY, OFFICE FARM, ETC) STREET CITY OR TOWN STATE WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an MAY 7 obave, (I) (We) (did) (dto gat) view the body ofter death and that in (my) (obr) opinion death occurred an the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED STAFF ATTENDING PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 14. SHAW M.D 5800 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL BURIAL 5/11/87 MEADOWRIDGE MEMORIAL MARYLAND DORSEY

DHMH - 16 60M 7/B4 (VRA 15, 4)

FUNERAL DIRECTOR RUSSELL C. WITZKE EUNERAL HOMES P. A. 1630 Edmondson Avenue Catonsville MD. 21228

STATE OF MARYLAND

0	~7	1	-2
0	lea un		0
	REG. NO.		- 17

-2	- 2	1	- 4
3	1	Land	65

	1	STATE REGISTRAR	D		ICATE OF DEATH	8 REG. NO. 1 3 1 4 4				
9		CEASED NAME FIRST	WIDDLE	(AST	2a DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
		MARGAR	ЕТ Н.	SABO	IIRY		5 2.1	87	12:20a	
1	1 5E)		4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT	THDAY) IF L	UNDER I YEAR	IF UNDER 24 HRS	
U		Female	White	.T117		59	YRS.	DATS	HOURS MIN.	
1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL	UNTRY? 8	D A NEVER MARRIED	9 BALTIMORE CITY O		DEATH		
1		ennsylvania	USA.	WIDOWE		BALTIMORI	E COUN	TY	MD.	
1	T		GBMC-6701	N. CHAR	LES ST.	120 USUAL OCCUPATION OF WORK FOR MOST OF HOUSEW 11	F WORKING LIFE)	126. KIND O INDUSTRY	F BUSINESS OR	
2	13a. S	3 3	ITY 13t. CITY C		13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS ALES	ZIP CODE		21107	
1	0	THER'S NAME John	W. Sh	erry	15. MOTHER'S MAIDEN NA	MÉ MIDDLE		Rob:	ine	
2		VAS DECEASED EVER IN U.S. ARV (15, NO OR UNKNOWN) (15 YES, GIVI	E WAR OR DATES)	AL SECURITY NO.	17 INFORMANT ROY Sabou	2504°E			01100	
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A COL	G CA c 1	METASES					
	NOI	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONI	DITION GIVEN	IN PART 110)·	
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [IG CAUSES		
1		21a, ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	I OR PART 2)		
	MEDICAL	21d, INJURY OCCURRED NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	, OFFICE FARM, ETC)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
		22a I certify that (1) (this hospit sow the deceased alive on above, (1) (we) (did) (did not	5-21	_19_87 or	nd that in (my) (aur) opinion	to 5-21 death occurred an the do		0,	that (I) (we) last causes stated	
		276 SIGNATURE 2150 bet	e k. Wa		DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	FIANT	22c. DATE		
		22d. PHYSICIAN'S NAME (TYPE OF	R PRINT)		22e ADDRESS			1 3/2	1707	

DHMH - 16 60M 7/B4 (VRA 15, 4)

vould be detached off the State Dept

LUCAS, M.D ELIZABETH 23a. BURIAL, CREMATION, REMOVAL 23b. DATE

GBMC-6701

23c. NAME OF CEMETERY OR CREMATORY

N. CHARLES ST

23d LOCATION
CHYORTOWN
Timonium
Ba

y Mem. Timonium Baltimore Md

Chapel 250. Date REC'D. By REGISTRAR 250 REGISTRAR'S SIGNATURE Burial May Dulaney Mem. 1 in Divider Randall Manchester, Md.

Landan II. Series II. Series III. Series I and the state of direct in 1900 allows unn. Committee State of Charles

053062 HAY

deoth. Page 4 may be

eral director, page 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG. NO.	1	3	1	4	
_						

-		STATE REGISTRAR			CERTIF	ICATE OF DEATH	8 / REG. N	o	5!	4:	3
		CEASED NAME FIRST OR PRINT)	,	AIDDLE	t	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	50
1	11112	Martin	Howard	l. Wayne	- 5	agner		5/11	187	11	AM
-	3. SEX		4 RACE	. 1	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24	
1		Male	Wh	ite	MONTH	26 11921	66	YRS.	NIH5 DAYS	HOURS	MIN.
-		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY O		FDEATH		
1	. 1	EW JERSEY	1 0	.s. A.	WIDOWE	DIVORCED T	BALTO	COUR	UTY		MD.
		TY OR TOWN OF DEATH			G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ON	126 KIND C	F BUSINES	
5	1	Towson ST- Joseph				PITAL	Mechan		Auto	Rep	air
-	USUA 130. S	AL RESIDENCE (IF NURSING HOM TATE 136.CC		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	71P CODE	21	084	
	2	MD H	arford a	arretts	vill	GES NO X	2.2	deral	Hill	Roa	.d
	14 FA	THER'S NAME	WIDDIE	LAST		15. MOTHER'S MAIDEN NA				7	
1		Martin	Wayne	Sagne	r	Mary	Agnes		Aber	ts	
٦		AS DECEASED EVER IN U.S.		166. SOCIAL SECUI		17 INFORMANT	ADDRE	SS			
	LY.	ES. NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	217-26-	4661	Dorothy V.	Sagner	same	as a	bove	
		18 CAUSE OF DEATH (Ente	r only one couse per	line for (a), (b), and	L(c).)				APPROX	MATE INTERV.	AL
-	-	PART I. DE ATH WAS CAL	USED BY:	Car dan	1222	Shock			1	do	
		IMMED	DIATE CAUSE (o)	Company	1				1)	
		C 192 97 1.1		R AS A CONSEQUE	NCE OF		, t		12	-den -	
		Conditions, if ony, which gove rise to immediate (b) auch Myocarchel 1-fametre							1		
	couse (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF										
			(5) (5)	NUTRIBUTING TO D	E A THE BLUT	NOT RELATED TO THE TERM	IN ALL DISCLASS OR SON	DITION CIVEN	I IN I DADT 1		
	N O	PART 2 OTHER SIGNIFICAN	Rul	1. lev	EAIN BUI	NOT RELATED TO THE TERM	TINAL DISEASE OR CON	DITION GIVEN	IN PART II	0	
	AT	19a. DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V	WERE FINDI	VGS USED	
6	CERTIFICATION	METANAL PARTY					YES NO NO YES NO NO				?
0	떒	210. ACCIDENT WAS UNDERLYING	1		V VE 10	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)		
		OR CONTRIBUTING CAUSE OF	DEATH	M. MONTH DA M.	Y YEAR						
	MEDICAL	214 INJURY OCCURRED	21e PLACE	OF INJURY		21f LOCATION	- 1 San		s a unitu		
	W	WHILE NOT WHILE AT WORK	(AT HOME, STR	EET, FACTORY, OFFICE, FA	IRM, ETC)	STREET	CITY OR TO	WN	COUNTY	STA	NE
		220.1 certify that A (this ha		e deceased from_	10/	1F 19 F 7	10_ 5/1		82	that (tr (we	e) lost
1		sow the deceased alive above, (1) (we) (did) (did		ofter depth.	, 0	nd that in (my) (our) opinion	death occurred on the d	ote and haur o	nd from the	couses state	ed
	1.5	226. SIGNATURE		1	,	DEGREE			22c DATE	SIGNED	
		a	~	Heron		MT PHYSICIAN [MEDICAL STA	IAN []	5	1118)
		22d. PHYSICIAN'S NAME (TY	PE OR PRINT)	7		22e ADDRESS					
		Arther	A Sei	o. CIL	MT	Saint 501	one llos	- 70	Julla	n.	2
		URIAL, CREMATION, REMOV	AL 23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STA	15
		Burial	5/4/7	1987 En		Cemeterv	CITTORIOWN		COUNT	SIA	6

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion one should be detached for use as the burial-tronsit permit. Then please remove carbon popers. Pogwith the State Dept. of Health and Mental Hygiene priar ta burial, cremation, ar removal. PORTANT: If Item 21 is marked or them 18 shows any injury, or ather troumotic event,

24 FUNERAL DIRECTOR
M. Gladden Kurtz (VRA 15, 4)

FOR

Jarrettsville, Md.

Cemetery Street, Harford

250. Date REC'D. By REGISTRAR' 250. REGISTRAR'S SIGNATURE

e. Md. MAY 0 6 1987 Julia Dividen Rand Julia Divideon Randage AND RESIDENCE OF STREET

MAY D SIE

053227

	1-	FOR STATE REGISTRAR	DI	PARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 7	3 1	4 6
		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH MONTH	2b. HOUR	
1		Lena		Sa	ala	May 6, 1987		11 71
	3. SE)	(4 RACE		OF BIRTH	6 AGE (IN YEAR'S LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		Female	White	Feb	ruary 1, 1897	90 Y	RS.	HOURS MIN,
de		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL	INTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH	
1		Russia	USA	WIDOW		Baltimore Co	untv	MD.
-	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,		OR OTHER INSTITUTION	120 USUAL OCCUPATION		F BUSINESS OR
/		Rossville	Franklin Sq		oital	Housewife		n Home
		AL RESIDENCE (IF NURSING HOME OR			113d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP C	ODE	
2				ndalk	YES NO X	8434 Kavanau		21222
20	14 FA	THER'S NAME	AIDOLE L	AST	15 MOTHER'S MAIDEN NA		LA	
		Norman		ker	Mary	WIDDLE		snown
7		VAS DECEASED EVER IN U.S. AR		AL SECURITY NO.	17 INFORMANT	ADDRESS		
)	0	YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	ne	Edward Sala	1947 Denberr	v Drive	21222
,		18 CAUSE OF DEATH lEnter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gave rise to immediate couse (o), stating the		NSEQUENCE OF	Parsive Ky Arteny dis.	Tu farchés	APPROX BETWEEN	imaté interval Onset and Death
	NO	underlying cause last. PART 2 OTHER SIGNIFICANT C	(c)		NOT RELATED TO THE TERM	ninal disease or condition	GIVEN IN PART 1	a
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED		FYES, WERE FINDII ERTIFYING CAUSES YES [
7		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		TH DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEN	A 18 PART I OR PART 2)	
	MEDICAL	214 INJURY OCCURRED WHILE ON WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY	OFFICE FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		270 certify that (1) this hospit sow the deceosed olive or	4/6	1987	nd that (my) (our) opinion	death accurred on the date and		that (1) (we) last causes stated

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Duda-Ruck Funeral Home of Dundalk 7922 Wise Ave. Dundalk, MD 21222

AROUN

5-9-87

226. SIGNATURE

230. BURIAL, CREMATION, REMOVAL

Burial

23c NAME OF CEMETERY OR CREMATORY Oak Lawn

22e ADDRESS

DEGREE

NO

Eastern Blod. 21221

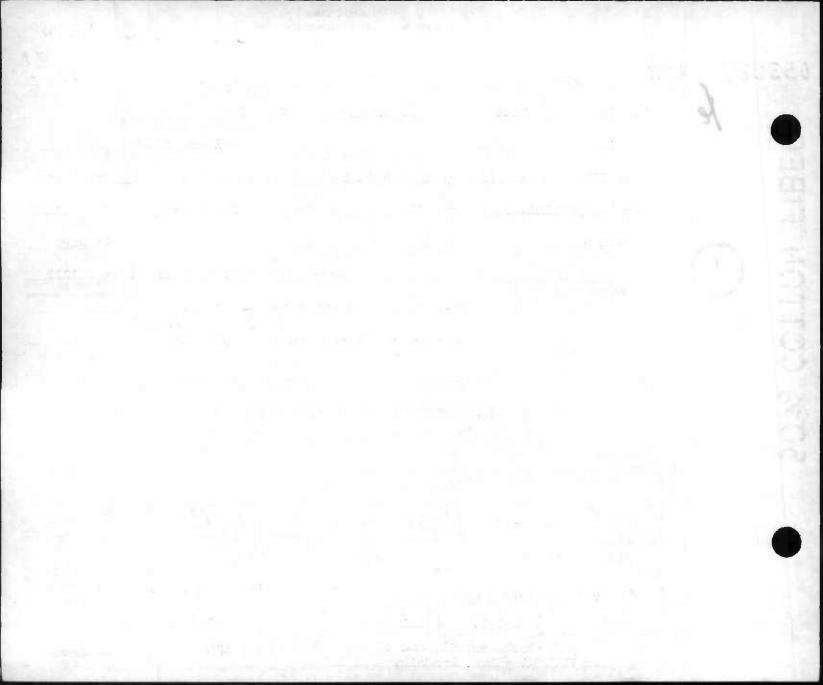
ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Baltimore Maryland

250. DATE REC'D. BY REGISTRAR 26. REGISTRAR'S SIGNATURE

22c. DATE SIGNED

STATE



	1.	FOR - STATE	DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 7	1 7	1 1 1
W IE		CEASED NAME FIRST FOR PRINT)	MIDDLE M	•••••	AST Z MAN	REG. N 20 DATE OF DEATH	MONTH DAY YEAR	10.58 PM 2256 PM
10	3. SE	MALE	CAUCASIAN			6. AGE (IN YEARS LAST BI	YRS.	AYS HOURS MIN.
1000 J		IRTHPLACE ISTATE OR FOREIGN COUNTRY) NEW YORK ITY OR TOWN OF DEATH	76. CITIZEN OF WHAT COUNTS U.S.A. 11. NAME OF HOSPITAL, NUR	MARRIE WIDOWE	DI DIVORCED DI	BAL'		
	MSU	ANDALLSTOWN ALRESIDENCE (IF NURSING HOME OR		FORE ADMISSION)		COLLECTION		
35		ATHER'S NAME	'IMORE BALT	IMORE	13d. INSIDE CITY LIMITS? YES NO NO 15. MOTHER'S MAIDEN NA.		CT., APT. 2B	(21207)
# ()		I SADOR	MED FORCES? 166. SOCIAL SE	SALTZMA	N BERTHA	ADDR	PROTT	ĖŘ
		YES (IFYES CIVED TO SEE THE SECOND OF THE SE	ly one couse per line fg.(a), (b),	ond (c)	MYRA SALTZMA	N 4 KORADO	CT.,APT.2B	ROXIMATE INTERVAL
injury, ar ather traumatic ev		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONTRIBUTION OF AS A C	QUENCE OF	anei Con	alongo, and alongo and	Der Danson	8 Jean
show ony inju	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHI	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS	
	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c HOW INJURY OCCUR			
is marked ar Item 48	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI		211 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
Hem 21 is m		22e I certify that (I) (this haspit sow the deceased alive on above (I) (we (did) (did no		9 <u>8</u> 1, or	nd that in (my) (aut) opinion	. 10		
#		27d PHYSICIAN'S NAME (17PE O	Scoole	N	ATTENDING PHYSICIAN	MEDICAL STA	FF _ C	ate signed (887
MPORTANT		WDB	28 EINER		54000		URT P	8
	23a (BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY EMUNAH CEMETER	23d LOCATION CITY OF TOWN RY BALTIMOR	E MAR	YLAND

SOL LEVINSON & BROS., INC.

BALTO MD 21215

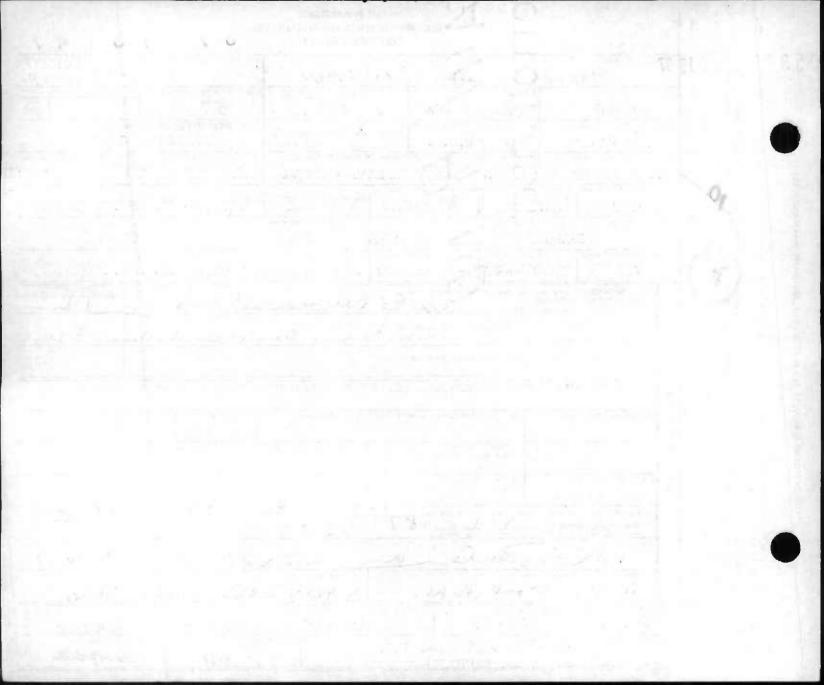
ALTIMORE MARYLAND
BY REGISTRAR 256. REGISTRAR'S SIGNATURE

in wardon-Randella

DHMH - 16 60M 7/84 (VRA 15, 4)

24. FUNERAL DIRECTOR

6010 REISTERSTOWN RD.



DEPARTMENT OF HEALTH AND MENTAL HYGIENE @

J	r			
1				
	RE	-	NC)

29931	AY	1 4	FOR STATE REGISTRAR		DEP	ARTMENT OF H	EALTH AND MENTAL HY	GIENE 8	REG. NO.	3	1	4	8
			CEASED NAME FIRST		WIDDLE		AST	2a. DATE O		DAY	YEAR	2b. HO	UR
nay be page 3		{ I Y P E	OR PRINT) Daisy	R	uth	SAND	ERS	May	5, 1987			9.1	0P M
may pag		3. SE		4. RACE		5. DATE C	OF BIRTH		YEARS LAST BIRTHDAY)		DER 1 YEAR	IF UNDE	
ctor			Female	White		Mar	ch 22, 1925	62	Y	MONTH:	DAYS	HOURS	MIN.
death. Page	7.	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUN	ITRY?	D NEVER MARRIED	9 BALTIMO	RE CITY OR COU		EATH		
150			Virginia	USA		WIDOWE		Balt	imore Cou	intv			MD.
1		1	TY OR TOWN OF DEATH	(IF NOT IN SU	CH FACILITY, GIVE	URSING HOME O STREET ADDRESS Quare Ho	or other institution	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Waitress 170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				IESS OR	
filled in b	36	USU/ 13a. S	L RESIDENCE (IF NURSING HOME O TATE 136 COU	ROTHER INSTITUTION	13c. CITY OR	BEFORE ADMISSION)	13d, INSIDE CITY LIMITS? YES NO K	ITS? 13e.STREET ADDRESS / ZIP CODE					2122
pletely f	3		THER'S NAME	MIDDLE	1AS	1	15 MOTHER'S MAIDEN NA		MIDDLE	cregi	Smi		2122
6//9	Š.	14n M	William V	V.	Roge	SECURITY NO.	Gracie		ADDRESS		Smi	tn_	
				VE WAR OR DATES)		6-0418				12	_		
0 %	event, mea	_	18 CAUSE OF DEATH (Enter o				Clyde W. S	anders	Same	as 13	APPROXI	MATE INT	PVAL
ned by the attendi please remave car urial, crematian, a	, or giner troum		Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, C	disease	lisease severe	ve heart fail Chronic ob with steroid	struct depen	ive pulmo dency		PART 1/c		
sign Then to b	nlo.	NO	TAKE 2. OTHER SIGNIFICANT	conditions <u>c</u>	OTTRIBOTION	S TO DEATH DOT	NOT KEEPIED TO THE TERP	WIINAL DISEAS	E OR CONDITION	OIVEIV IIV	PART III		
has been permit.	1	CERTIFICATION	190 DATE OF OPERATION	196 COND	196 CONDITION FOR WHICH OPERATION WAS PERFORMED			20a AUTO	OPSY? 20b. II	YES, WER	CAUSES	OF DEA	TH?
this certificate he burial-transit plant Hygier	200	CER	210. ACCIDENT WAS UNDERLYING			H DAY YEAR	21c. HOW INJURY OCCUR				R PART 2)		
g pr ertif rial-t	1	CAL	OR CONTRIBUTING CAUSE OF DE	AIH	.M.	19							
		MEDICAL	21d INJURY OCCURRED		OF INJURY	PFFICE, FARM, ETC.)	211. LOCATION STREET		CITY OR TOWN	C	OUNTY		STATE
os th	D W A	~	AT WORK NOT WHILE AT WORK			May 1	87	Ma	- 5	0	7		
of or USE USE Heal	E		220.1 certify that (this hasp			rom	, 19	, to Ma		1901		that (V)	
RECTC ed for pt. of	- 7 E		saw the deceased alive at above, (Live) (did) (did) n	or vield be body	after death.	07	nd that in (My) (our) apinian	death occurre	ed an the date and				tated
the L DII			276. SIGNATURE	slan			DEGREE ATTENDING PHYSICIAN (MEDICAL DIRECTOR	STAFF PHYSICIAN		SI DATE	- 1	1
FO FUNER	X X		224. PHYSICIAN'S NAME (TYPE				22e ADDRESS						1
TO FUNERA shauld be de with the Stat	2		Joseph Kapl				9000 Frank			e, 2	1237	1	
	- 1	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE		23¢ NAME OF C	EMETERY OR CREMATORY	23d. LOC.	ATION OR TOWN	cou	NIY		STATE
3P			Burial	5-8-	87	Holly	Hill	Ba	ltimore	Maryl	and		

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR NAME

Duda-Ruck Funeral Home of Dundalk 7922 Wise Ave. Dundalk, MD 21222

Baltimore Maryland

250 DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE

MAY

8 987 Julia Dander Radore

8 - 6 8 September 1 THE VANA CONTRACTOR OF THE PROPERTY OF THE PRO

554476 MA	FOR STATE REGISTRAR	DEF	PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 7	13 4 9
	1. DECEASED NAME	IRST MIDDLE	LAST	20. DATE OF DEATH M	ONTH DAY YEAR 26 HOUR
oge 3	Ca	rl A.	Schaeber1e	5	22 87 705
tor, po	3. SEX Male	4 RACE White	5. DATE OF BIRTH MONTH DAY YEAR 11 28 19	6 AGE (IN YEARS LAST BIRTHE	MONTHS DAYS HOURS
Perol direction of the pourse	BIRTHPLACE (STATE OR FORE COUNTRY) Pennsylvania			Baltimore CITY OR	
ofter de withing de withing	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	IURSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	N 126. KIND OF BUSINESS VORKING LIFE) INDUSTRY
AND 21201	13a. STATE 13	HOME OR OTHER INSTITUTION, GIVE RESIDENCE B. COUNTY Balto. Tows	R TOWN 138. INSIDE CITY LIMITS? SON YES NOWN		Oil Co. ZIP CODE Dank Circle 21204
MARYL MARYL	14. FATHER'S NAME FIRST Frederick	Schaebe	erle Hennriet	WIDDLE	Miller
be end in and in a page in		U.S. ARMED FORCES? 16b. SOCIAL IF YES, GIVE WAR OR DATES) 183-1			New Freedom, Pa.
that the death certificate by the attending physici by the attending physici base remove carbonpaper of certifion, or removol.	Conditions, if ony, w gave rise to immed couse (o), stoting	DUE TO, OR AS A CON-	sequence of hyorans	deil ya	APPROXIMATE INTERVA BETWEEN ONSET AND DE Machine
equires te signed Then ple r to burio injury, or	PART 2. OTHER SIGNIF	CANT CONDITIONS CONTRIBUTION	G TO DEATH BUT NOT RELATED TO THE TERA	MINAL DISEASE OR CONDI	TION GIVEN IN PART 110
AL RECO	19a DATE OF OPERATIO	N 196 CONDITION FOR W	vhich operation was performed	20a AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH' YES \(\) NO \(\)
I OF VITA	21g. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL 21d IN HURY OCCURRED	SE OF DEATH HOUR A.M. MONTH	H DAY YEAR	RRED (ENTER NATURE OF INJURY	IN ITEM (B. PART) OR PART ?)
A SEE SEE	214 IN HIRY OCCURRED	21e PLACE OF INJURY	71L LOCATION		

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO I IN ITEM IS PART | OR PART 2) COUNTY STATE CITY OR TOWN (AT HOME STREET FACTORY, OFFICE FARM ETC.) NOI WHILE 22a.1 certify that (1) (this hospital) attended the deceased from that (I) (we) last 22 sow the deceosed olive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DAJE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS C. Richard Fravel M.D. 2 East Chase St. 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Balto. Balto, Md. /23/87 Cremation Westview Cemetery 21204250. DATE 24 FUNERAL DIRECTOR BY REGISTRAR 256 REGISTRAR'S SIGNATURE Ruck Towson Funeral Home, Inc. 1050 York Rd,

STATE OF MARYLAND

126. KIND OF BUSINESS OR

New Freedom, Pa. 17349

IF UNDER 24 HRS

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After the should be detoched for use as the with the State Dept. of Health and

etoined by the hospitol

BP.

IMPORTANT: If Item 21 is morked

2 C' Ctus 110 - 1/23/51 cateview Ctus 110 Lie To so In that one, De. 1100 of Call

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

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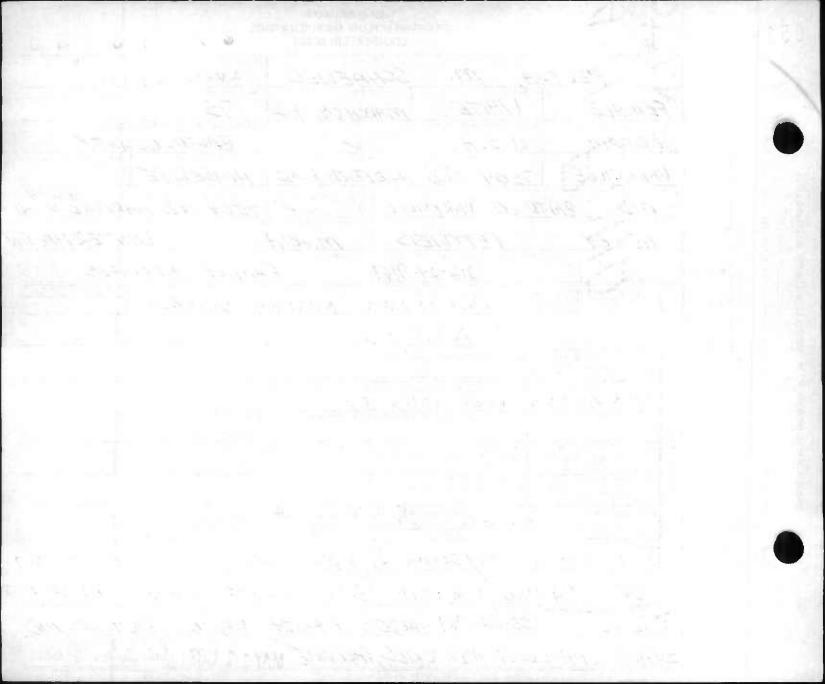
8 / REG. NO.	1	3	i	Š	U
TE OF DEATH MONTH	DAY	YEAR	71	HOLLB	100

Julia Divider Rendres

1987

		FOR	DEDADT	MENT OF HEALTH AND MENTAL H	ACIENE						
11.7	12-	STATE REGISTRAR	DEFARI	CERTIFICATE OF DEATH	8 /	13150					
	1. DE	CEASED NAME FIRST	WIODLE	(ASI	REG. NO.	DAY YEAR 2b. HOUR					
931	(TYPE	ORPRINTI HEDTL	ia m.	SCHAFLIEL	ARRIL 2	9 1987 "					
	3. SE)	11CHIM	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR IF UNDER 24 HRS					
	f	EMALE	WHITE	MARCHOS, 1913	2 75 YRS	MONTHS DAYS HOURS MIN.					
9	7a. BI	RTHPLACE (STATE OR FOREIGN	TO CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH					
7	G	ERMANY	U.S.A.	WIDOWED DIVORCED	BALTO. C	OUNTY MD.					
Page /	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI		120 USUAL OCCUPATION	126 KIND OF BUSINESS OR					
15 C	P	ARKVILLE	7504 040	HARFORD ROAL	HOUSE WIFE						
mess De	13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 13b COUN BALT	OTHER INSTITUTION GIVE RESIDENCE BEFO TY O. CO. PARKY	WN . 134 INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CO	HARFURD ROAD					
2	14. FA	THER'S NAME	AIDDLE LAST	15. MOTHER'S MAIDEN	VAME						
exo.		HENRY	FETTWE	75 MARI	A MIDDLE	JINTER HAGEN					
edica		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SEC	URITY NO. 17. INFORMANT	ADDRESS						
E a		NO	212-24	-9167	FAMILY KE	CORDS					
if. th		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y one cause per line for (a), (b), o	nd (c).)	nu nicens	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
ě	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) CORONARY AREFRY DISEASE										
Bath			DUE TO, OR AS A CONSEQU	JENCE OF D							
trans.		Conditions, if ony, which gove rise to immediate	(b)								
A		cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQU	JENCE OF							
ŏ	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN P										
Conluc	N O	DIABETE	5 NELLIT	US TD							
any	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?					
EX	TIE				YES NO	YES NO					
88		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		DAY YEAR 216 HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 2)					
Head	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER		19							
die	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	PARM, ETC.) 21f LOCATION STREET	CITY OF TOWN	COUNTY STATE					
arke	_	AT WORK AT WORK									
E Si		22a.1 certify that (I) (this hospit saw the deceased alive an		(-7	2	_, 19, that (i) (we) fast					
n 21		above, (I) (we) (did) (did not	- Y	, one mor in (my) (eer) opinio	on death accurred on the date and h						
If he		226. SIGNATURE	a Ami	DEGREE ATTENDING	MEDICAL STAFF	221. DATE SIGNED					
		1 austo 0	1 Jaguar		MEDICAL STAFF DIRECTOR PHYSICIAN	107-01-87					
PRTA		22d. PHYSICIAN'S NAME (TYPE OF	ALLO A	12e ADDRESS	an am D h T	DA TO WIT					
MPORTANT:		UL. 1790	INU TAUS	1- 10 11	MUTELY 14	1 12 12					
-/	23a	URIAL PREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATOR	23d LOCATION	COUNTY STATE					
_	24 5	NIEDAL DIRECTOR	05-00-11816	HEYEN> OF PHITI	BHLTO.	BALTO.CO. MD					

EVANS CHAPEL OF MEMORIES, PARKINUS



requires that the death certificate

ATTENDING PHYSICIAN: The low

retained by the haspital or

BP.

Temale To BIRTHPLACE (COUNTRY) Delaware To City or Town Delay Delaware To City or Town Delaware

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MEN

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

8	REG. N	10	1	3	ì	5	
				_			_
ATE OF	DEATH	MONTH	OAY	1	/E AR	2b HOUR	- 1

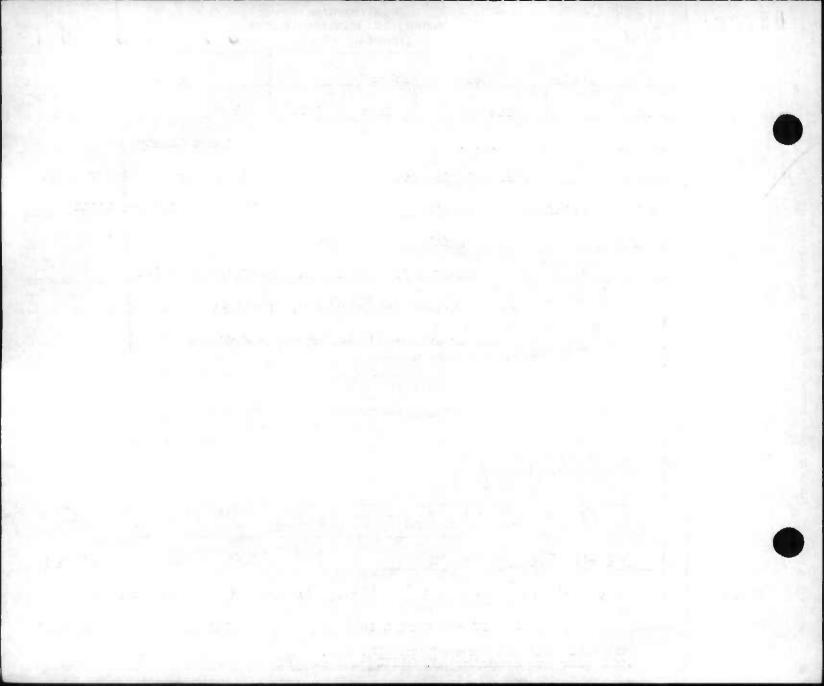
SIL	REGISTRAN						REG. N	O			- 7	
	CEASED NAME FIRST		WIDDLE	- 50	LAST		2a. DATE OF DEATH	MONTH	OAY	YEAR	26 HO	JR
	Sandra	3	Lee	Scha	rf		M	ay 24	1 198	37		M
1.5E	X	4 RACE		5. DATE			6 AGE IN YEARS LAST BIR	THDAY)	IF UNOE		IF UNDER	
177.	ama La	White		MONT	pt 8	1935	51		MONIHS	DAYS	HOURS	MIN.
	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8	**		9 BALTIMORE CITY C	YRS.	Y OF DE	ATH		
(COUNTRY			MARRIE	_	MARRIED -						
	elaware		S.A. HOSPITAL NURSIN	WIDOWI		ONORCED	Baltimore			1441 100 000		MD
10 CI	IT OR TOWN OF DEATH		CH FACILITY, GIVE STREET		OK OTHER IN	SIIIUIION	120 USUAL OCCUPAT			USTRY	F BUSIN	ESS OR
	undalk		Holabird				Dispatche	r	L€	ever	Bro	s.
50/ 035	AL RESIDENCE HE NURSING HOME OF		13c. CITY OR TOW			CITY LIMITS?	13e STREET ADDRESS	/ 7IP COI	DE .			
125	ter and the second second	imore	Dundalk		YES T	NO X	7163 Hola			212	22	
	THER'S NAME				15 MOTHE	S MAIDEN NAM						
2	1407	WIOOFE	LAST		Me	FIRST	MIDDLE		D.	le (AS	T	
	FANCIS VAS DECEASED EVER IN U.S. A	DAVED ECDICES?	Smith 16b SOCIAL SECU	OIA VIIGI	17. INFORM	ry	ADDRE	22	E.7	TE		
		IVE WAR OR DATES)	100									
N	0		1222-20-9	9653	Josep	h T. Sc	harf Same	as I			MATE INTE	
CERTIFICATION	gove rise to immediate couse (a), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	ONTRIBUTING TO	DEATH BUT			IN CERTIFYI			, WERE FINDINGS USED YING CAUSES OF DEATH?		TH?	
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTHY MEDICAL EXAMIN	EAIH	OF INJURYM. MONTH D.	AY YEAR	21c. HOW	NJURY OCCURR	YES NO		PARTIOR	PART 2)	140 [
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME ST	OF INJURY	FARM ETC)	21f LOCAT		CITY OR TO	WN	COI	JNÏY		STATE
	220. I certify that 11 this has sow the deceased alive above, (1), (we) (did) (did r. 22b SIGNATURE				nd that in Condition DEGREE	ATTENDING PHYSICIAN	, to MA 244 death occurred on the di MEDICAL STAI DIRECTOR PHYSIC	FF		om the		we) lost oted
22. 0	John H.	FETTI .	25 70	NAME OF C	Theha	CREMATORY	NS DNCO	1001	CE	مالا	2.	
B	surial, cremation, remova specify) urial	23b. DATE 5 -			Luthe:	can	Baltimon		COUNT	Ma	ryla	ind
24 FL	INERAL DIRECTOR NAMEDUda-Ruck 7922 Wise	Funeral Ave Dunc	Home *Offs I	Dundal 21222	lk, Ind		e rec'd. by registrar Y 2 7 1987	256 REGIS	Dept.	IGNAI	URE	Lile

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending plashould be detached for use as the burial-transit permit. Then please remove corban play with the State Dept. of Health and Mental Hygiene priar to burial, cremotian, or terminal.

injury, or ather traumotic

IMPORTANT: If hem 21 is morked or hem



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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 / REG. NO	. I	3	1	ວັ	3
ATE OF DEATH	MONTH	DAY	VEAR	26 1101	10

R TREGISTRAR				CERTIF	ICATE OF DEATH	0 /	REG. NO.	3 1	5 2	
1. DECEASED NAME FIRST MIDDLE (TYPE OR PRINT) Helen E,				Sch	eihing	2ª DATE OF DE		DAY YEAR	26. HOUR	
Female 4 RACE White				5. DATE O		6. AGE LINYEARS	S LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	
70 BIRTHPLACE ISTATEORY COUNTRY) Balto. Md. 10 CITY OR TOWN OF DEA		U.S.A.	WHAT COUNTRY	MARRIEI WIDOWE	D NEVER MARRIED	9 BALTIMORE County	CITY <u>OR</u> COUN	12b. KIND C	MD.	
Westview USUAL RESIDENCE (# NURS 130. STATE Md.	ING HOME OR O	5610 .	Johnnycak	e Rd.	13d. INSIDE CITY LIMITS? YES \(\text{VES} \(\text{NO} \) \(\text{Z} \)	House W	Vife	2/	207	
14 FATHER'S NAME FIRST William	Ĥ	HDDLE	Harrigan		15. MOTHER'S MAIDEN NA Rose	E. "	NIDDIE	Jones		
160 WAS DECEASED EVER (YES NO OR UNKNOWN) NO		MED FORCES?	220-24-1		Mrs. Marie	Johnnycs P. Sche		Balto. Mo	i.	
Conditions, if ony, gove rise to imm couse to imm underlying couse PART 2 OTHER SIGN	which mediate g the lost.	DUE TO, OI DUE TO, OI DUE TO, OI	R AS A GONSEOU A TUNIOR RAS A CONSEOU SUM	JENCPOF!	eric heart y copp NOT RELATED TO THE TERM	disease Leng his leng his annual disease or condition given in part 10				
19a. DATE OF OPERAT	210. ACCIDENT WAS UNDERLYING 216 TIME O			H OPERATION	N WAS PERFORMED		20a AUTOPSY? 20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES \(\) NO \(\) YES \(\) N			
OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CO				AY YEAR 19 FARM, ETC.)	211 LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM 1B		B PART OR PART 2}	STATE	
220-1 certify that (1) sow the decease above, (1) (we) ic	(this hospite	4122	10		d that in (my) (our) opinion DEGREE ATTENDING	MEDICAL	STAFF	1		
228 PHYSICIAN'S NA	THA	PRINT)			5356 Re	i, testore	- 1	10/10	0/.	
23a. BURIAL, CREMATION, (SPECIFY) Buria		236 DATE May 12		NAME OF C	Park	23d. LOCATIO CITY OR TO Balto	OWN	COUNTY	Burdall	

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and ca should be detached for use as the burial-transit permit. Then please remaye carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

DHMH-16 50M 1/B1 (VRA 15, 4)

G. Truman Schwab 5151 Balto. National Pike Balto. Md. 21229

250 DATE REC'D. BY REGISTRAL'S SIGNATURE MAY 12

the second TIPS, The latest

ent tracted of an P. S. sando green 10

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

MARTIANDZIZOI	9 5	
ed within 24 hours ofter death. Page 4 may be	37	
ampletely filled in the three all director page 3 and 2 strong be filled than 72 hours after death	34	
example ranks for marring a month		

- STATE

REGISTRAR

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80 MPORTANT the St

(VRA 15, 4)

24 FUNERAL DIRECTOR

DECEASED NAME 20 DATE OF DEATH MONTH 7h HOUR TYPE OR PRINTS August Schellenberger May 13. IF UNDER 1 YEAR 5. DATE OF BIRTH 3 SEX 4 RACE HOURS MONTH June 25, 1910 Male White 76 BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland WIDOWED DIVORCED Baltimore County CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Dundalk 7606 Poplar Road Carrlowrev ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Baltimore Dundalk YES [] 7606 Poplar Road 21222 Maryland M- EATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Marie John Schellenberger Ernestine Burgman ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT HE YES, GIVE WAR OR DATEST Clare L. Schellenberger 212-05-8162 Yes WW II Same as 13e. 18 CAUSE OF DEATH Enter only one couse per line town PART I. DEATH WAS CAUSED BY artina IMMEDIATE CAUSE (o) DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIE EITHER NOTIFY MEDICAL EXAMINERS 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE FARM ETC) AT WORK NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceosed alive on above, (I) (we) (did) (did not) view the body after death. ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22t. DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL PHYSICIAN [1576 Merritt 23c. NAME OF CEMETERY OR CREMATORY

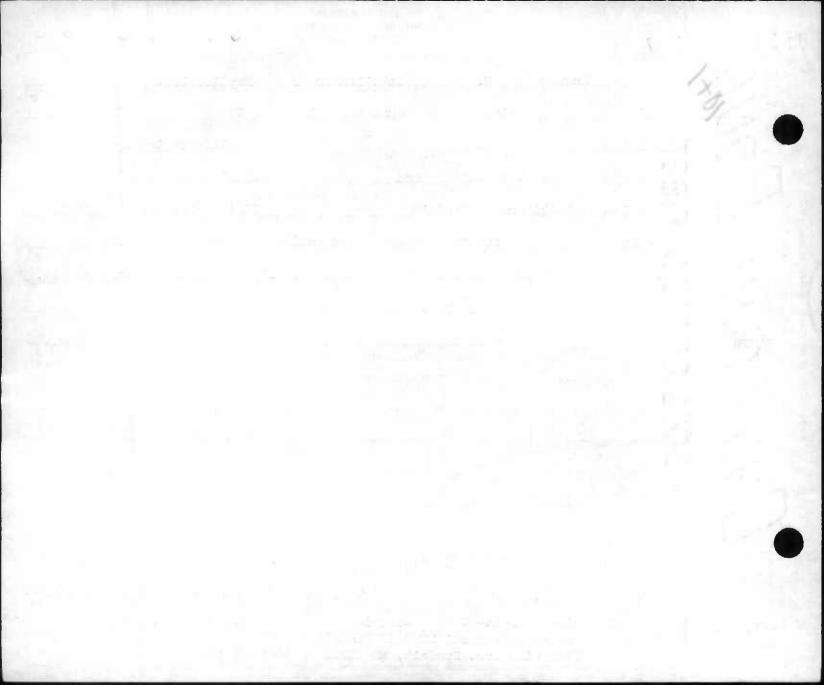
Cremation 5-14-87 Westview

7922 Wise Ave. Dundalk, MD 21222

Baltimore Maryland

Duda=Ruck Funeral Home of Dundalk | 250 DATE RECID. BY REGISTRAR | 259 REGISTRAR | 259 REGISTRAR | 259 DATE RECID. BY REGISTRAR | 259 REGISTRAR | 259 DATE RECID. BY RE

DHMH - 16 60M 7/B4



0525

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

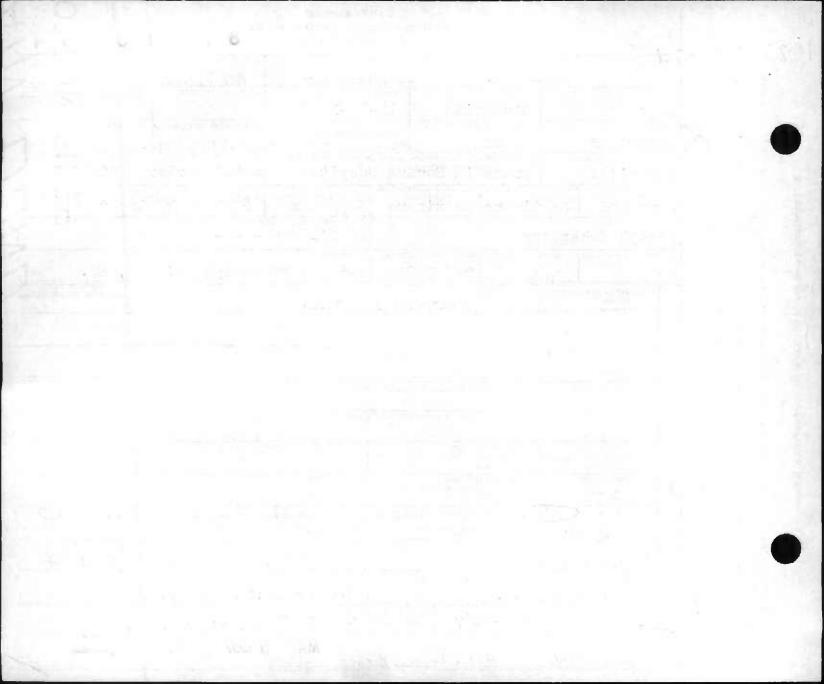
8	B / REG. NO.			1	5	6
TE OI	DEATH	MONTH	DAY	YEAR	2b. HO	UR

FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 7	10.	3 1	5
I DECEASED NAME	FIRST	WIDDLE	i.	AST	20. DATE OF DEATH	MONTH DA	LY YEAR	2b. HOUR
(TYPE OR PRINT)	James	E.	Schep	leng Sr	May 3, 1	987		2:0
1 SEX	4. RACE		5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BI	RTHDAY) II	F UNDER I YEAR	IF UNDER
Male	Ca	ucasian	12-	11-1895	91		DATS DATS	HOURS
THE THPLACE (STATE OF		ZEN OF WHAT COUNTRY?			9 BALTIMORE CITY	YRS.	OF DEATH	
Maryland		USA		NEVER MARRIED	Baltimore	_		
II. CITY OR TOWN OF DE	ATH 11. NA	11. NAME OF HOSPITAL, NURSING			120 USUAL OCCUPAT		12b. KIND O	F BUSINES
Rossville	Fr	anklin Squ	are H	lospital	Mëtal'°Wö			1
Maryland	Baltim	ore Baltim	ore	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS Ba	ńk Str	reet	2122
Joseph Sch	nepleng	LAST		Idasi May			LAS	
160 WAS DECEASED EVE			JRITY NO.	17. INFORMANT	ADDR	ESS		
NO	(IF YES, GIVE WAR OR	216030	800	Estell Eva	ans Sykes	ville	, Md.	
PART 2. OTHER SIG		IONS CONTRIBUTING TO		NOT RELATED TO THE TERM	INAL DISEASE OR CON	T206. IF YES.	WERE FINDIN	IGS USED
Ā					YES TI NOT	IN CERTIFY.	ING CAUSES	OF DEATH
An CALIFORNIENIA	CAUSE OF DEATH	. TIME OF INJURY OUR A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCCUR		JRY IN ITEM 18 PAR	RT I OR PART 2)	
(IF EITHER NOTIFY MEE 21d. INJURY OCCUP WHILE NOT WAT WORK AT WORK	HILE []	PLACE OF INJURY HOME, STREET, FACTORY, OFFICE	FARM, ETC)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	51
	22a.l certify that (1) this haspital) attended the deceased from May 3							that (w
saw the deceo	saw the deceased alive an19 and that in (m) (aur) opinion death accurred an the date and hour and from abave. (b) we) (did) (did not) view the body after death.							
Man	camoto		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF CIAN []	22c. DATE 5-3	SIGNED	
22d. PHYSICIAN'S N	AME (THE GENERAL)			22e ADDRESS				
Y Yam	amoto, M.	D.		9000 Frank	lin Square	Drive		
230 BURIAL, CREMATION Burial			name of c klawr	emetery or crematory	Paltimor	e, Ma	county rvlan	ST.
24. FUNERALDIRECTOR	D	1211 Checo		MA 30. DAT	5 PERSON REGISTRA	256, REGISTR.	AR'S SIGNAT	URE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and car should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept of Health and Mental Hygiene prior to burial, cremotion, ar removal.



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TO FUNERAL DIRECTOR: After this certificate has been

BP.

].	FOR STATE REGISTRAR	DEPAR	TMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 Z	131	5 5	
ELOSO		DECEASED NAME FIRST	4 m, SC	HNE	DER.	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR 4			
urs affec	L	Female	White	5. DATE O MONTH 12			MONTHS DAYS	HOURS MIN.	
Hor 72 ho	B	BIRTHPLACE (STATE OR FOREIGN COUNTRY) alto City CITY OR TOWN OF DEATH	USA	WIDOWE		9. BALTIMORE CITY OR CO Baltimore Cou	unty	MD.	
2	R	andallstown	(# NOT IN SUCH FACILITY, GIVE STRE	Gen. H	ospital	(TYPE OF WORK FOR MOST OF WOR Retired	KING LIFE INDUSTRY	phone	
7	2 N	B. STATE 13b COU		NWN	13d. INSIDE CITY LIMITS? YES NO 1	136 STREET ADDRESS / ZIP 137 Fennington	n Cr. 211	17	
22		William WAS DECEASED EVER IN U.S. A	F. Ernst	CUBITY NO	Emma 17. INFORMANT	MIDDLE .	Tratt	pe	
A medic			IVE WAR OR DATES) 212-22-			neider, Jr. 1			
corbanpape , ar removal natic event, tl		PART I. DEATH WAS CAUS	only one couse per line for (a), (b), (ED BY: ATE CAUSE (a)	Lac	Agyst	ole	BETWEEN	IMATE INTERVAL ONSET AND DEATH	
remove emotion ser troum		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEC	DUENCE OF	nf. Wali	m.T			
os the buriol-transit permit. Then please th and Mental Hygiene prior to burial, cr orked ar Item 18 shows any injury, or att			CONDITIONS CONTRIBUTING TO	Are 1	Pulm De	Nema	IF YES, WERE FINDIN		
giene pi		210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY				CERTIFYING CAUSES YES		
entol-tro		OR CONTRACTOR TO CAUTE OF OR	FATH HOUR A.M. MONTH P.M.	DAY YEAR 19		CED TENTER NATURE OF INJURY IN II	EM IS PART (OR PART 2)		
ofth and M morked ar	-	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC	E, FARM, ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
for use os of Heolth 21 is mor		saw the deceased alive a	oital) attended the deceased from n			, to death accurred an the date a		that (1) (we) lost couses stated	

SIGNATURE

22a.1 certify that (I) (this hospital) attended the deceased from saw the deceased alive on abave, (I) (we) (did) (did not) view the body after death.

DEGREE

ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN

and that in (my) (our) apinion death accurred an the date and haur and fram the causes stated 22c DATE SIGNED

AN'S NAME LTYPE OF PRINTI

22e ADDRESS

should be detached for with the State Dept. of t IMPORTANT: If Item 21 230. BURIAL, CREMATION, REMOVAL Burial

23b. DATE 5/11/87 23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery

Baltimore, City

STATE

24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4

Eline Funeral Home (VRA 15, 4)

Reisterstown, Maryland

D BY REGISTRAR 276. REGISTRAR'S SIGNATURE

AND THE STATE OF THE PARTY. THE DEVAM

executed within 24 hours ofter death. Page 4

by the oftending physician and ose remove carbonpapers. Pages

STATE OF MARYLAND

1	FOR - STATE REGISTRAR			DEPARTI		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 ZEG. N	. 1	3 1	5	1
		FIRST		MIDDLE	l	AST	2a. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR *	1
1.1	J	ohn L	eroy S	CHNEIDER			May 17, 1	987		2:05 F	M
3. S	EX	4	RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DATS		_
1	Male		White		3	6 YEAR	91	YRS.	MONTHS DATS	HOURS	AIN.
7a.	BIRTHPLACE (STATE OR FOR	EIGN 7	CITIZENOF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNT			
	Maryland		U.S.A		WIDOWE		Baltimore	Coun	ity		MD.
K	city or town of death Baltimore	/	Frankl	in Square	Hosp	ital	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Fireman		IFE) INDUSTRY	Servic	
130 N	Maryland	COUNT		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimor	'N		13e STREET ADDRESS . 505 N. Cli	zip cod nton	E Street	21205	
17	Francis		op.e	Schneide		is mother's maiden na Margaret	MIDDLE		Smal'i		
160	(YES, NO OR UNKNOWN) (ED FORCES? WAR OR DATES)	213-28-		Mr. Marion W	. Diggs, ^50 Ba	5°N. 1timo	re, Md.	Stree 21205	5
CERTIFICATION	underlying couse	diate the lost	DUE TO, O	R AS A CONSEOUE	DEATH BUT	t Failure NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR CON 200 AUTOPSY? YES \(\text{YES} \)	20b. IF YE	S, WERE FINDI	NGS USED	
	21a. ACCIDENT WAS UNDER	SE OF DEATH	,	M. MONTH D		21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART 1 OR PART 2)		
MEDICAL	(IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRED WHILE OT WHILE AT WORK AT WORK		21e. PLACE	M. OF INJURY REET, FACTORY, OFFICE, F	19 ARM, ETC J	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	ě
,	22a.1 certify that light sow the deceased above (M (we) (did 22b.61GN) TURE	olive on) (did pot)	May 1	ofter death.	87 or	DEGREE ATTENDING PHYSICIAN [22e ADDRESS]	MEDICAL STAI DIRECTOR PHYSIC	F IAN	22c. Day	1	
23a	BURIAL, CREMATION, RE		236. DATE 5-21-	236 1		EMETERY OR CREMATORY Valley Garde	23d. LOCATION		ıltımor∈	e Md	E
	FUNERAL DIRECTOR	OME	Motths	TAQDRESS	. T	25a. DATI	E REC'D. BY REGISTRAR	255 REGIS	TRAR'S SIGNA	DIRE LALLE	

DHMH - 16 60M 7/84 (VRA 15, 4)

10 FUNERAL DIRECTOR: After this certificate hould be distached for use as the busial-transfer at the Opps. of Health and Mental Hyper MHORTANT: If Item 21 is morked or Item 18

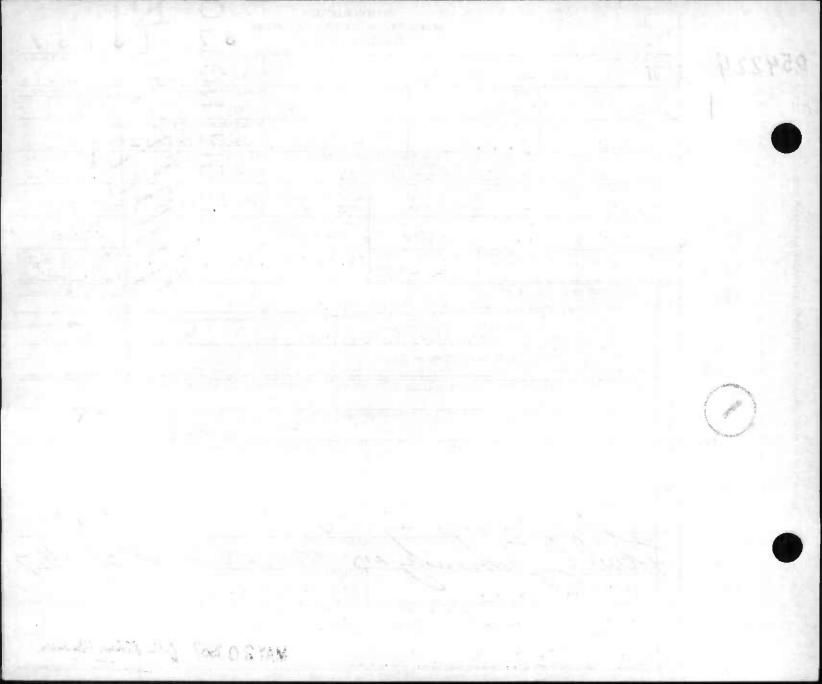
TO HOSPITAL OR ATTENDING PHYSICIAN: The lo

retained by the haspital or attending phy

BP.

3021 Fastern Ave. Baltimore, Md. 21224

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within 24 ho

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

attending physician and nove carbanpapers. Pages

MPORTANT: If Hem 21 is marked or Hem 18 shows ony injury, or other traumatic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbanpapes with the State Dept; of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

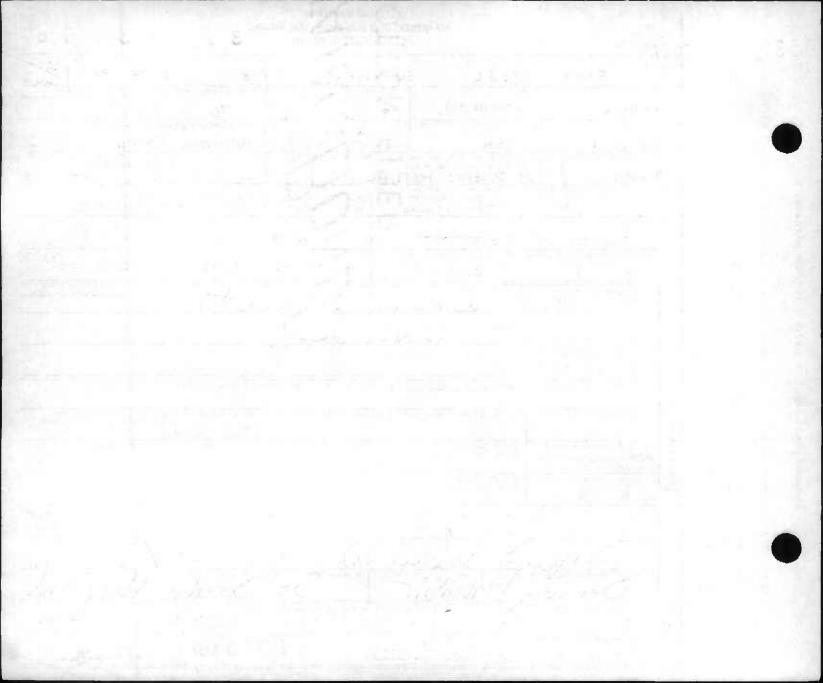
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ATE C	OF DE ATLL	Charletta	DAY	WEAR

	FOR STATE REGISTRAR	DE	PARTMENT OF HEALTH AND I CERTIFICATE OF D	1.3	7 REG. NO.	3 1 5	6
	T. DECEASED NAME FIRST	Louise	SCHNEIDER	2a. DATE OF	DEATH MONTH C	PAY YEAR 25 HOU	M M
	FEMALE	CAUCASIAN	5. DATE OF BIRTY MONTH 8 23 5219	1/yFAR 69	YRS.	IF UNDER I YEAR IF UNDER	24 HRS MIN.
1	7a. BIRTHPLACE (STATE OR FOREIGN), COUNTRY) Maryland	16 CITIZEN OF WHAT COU	MARRIED MEVER A	MARRIED BOUT	more County	rty	MD.
	TOWSON DOUGL RESIDENCE (IF NURSING TOME)	ST JOSEPH'S	JURSING HOME OR OTHER INST ESTREET ADDRESS) HOSPITAL E BEFORE ADMISSION)	(TYPE OF WORK	OCCUPATION FOR MOST OF WORKING LIFE TIONIST	ที่ KIND OF BUSINE INDUSTRY Funeral F	
1	130. STATE 13h COI		r town 13d. Inside c	ITY LIMITS? 130.STREET A	ADDRESS / ZIP CODE 7 Shannon	Drive 21213	
6	Unknown	O'Shaugnes		^{FIRST} Unknown	WIDDLE	ĮAST	
-	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, O	TIVE WAR OF DATES)	L SECURITY NO. 17 INFORMA		n) 3902 So	uthern Ave?	1206
			ISEQUENCE OF IG TO DEATH BUT NOT RELATED WHICH OPERATION WAS PERFO			EN IN PART I (a)	
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	179L CONDITION FOR V	WHICH OPERATION WAS PERFO	YES [NO YES	YING CAUSES OF DEAT	H?
	OR CONTRIBUTING CAUSE OF C	DEATH HOUR A.M. MONT	H DAY YEAR	JURY OCCURRED (ENTER NA	TURE OF INJURY IN ITEM 18 P.	ART 1 OR PART 2)	3
	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY,	OFFICE, FARM, ETC.] 211 LOCATIO	DN .	CITY OR TOWN	COUNTY S	STATE
	saw the deceased alive a	OR PRINT	DEGREE	St 200	STAFF PHYSICIAN (and from the causes stee	
	Burial	5/10/87	Gardens of I	aith Ba.	Itimore	COUNTY M	đ.

DHMH - 16 60M 7/84 (VRA 15, 4)

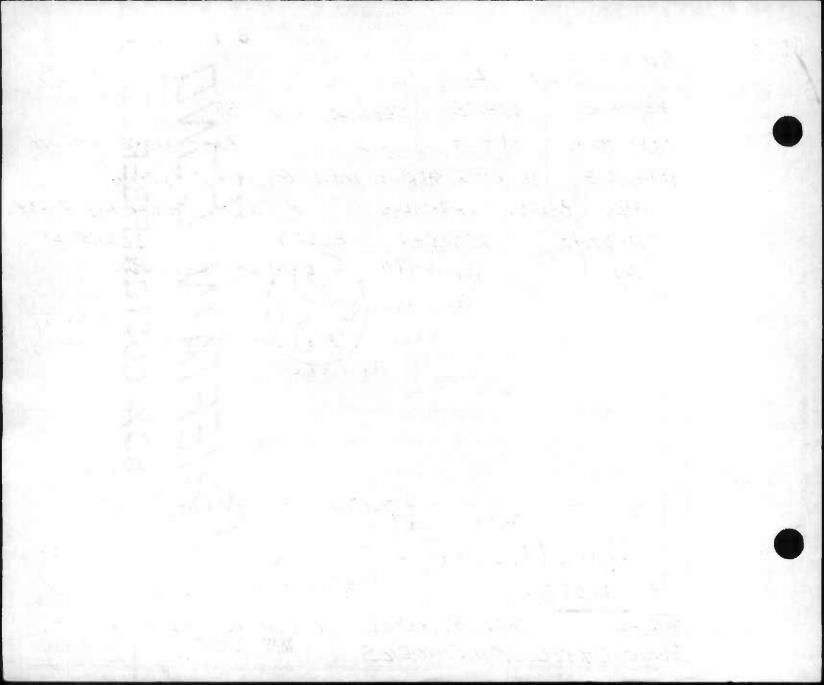
3331 Brehms L ane, Balto. Md. 21213

250 DATE RECD. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



(VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH YEAR 26 HOUR TYPE OR PRINT! JULIA MAY SCHNEL 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER LYEAR IF LINDER 24 MRS FEMALE 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF MARRIED NEVER MARRIED WIDOWED DIVORCED HOUSE KEEPVING SUAL RESIDENCE 3a. STATE 4. FATHER'S NAME MIDDLE ONNELLY IN U.S. ARMED FORCES? 17 INFORMAN ADDRES: HE YES GIVE WAR OR DATEST 18 CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause isea PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [210. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL IF EITHER NOTIFY MEDICAL EXAMINER P.M 71d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE, FARM, ETC.) STREET NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an above (1) (we) (did) (did not view the body after death and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated DEGREE ATTENDING M STAFF MEDICAL DIRECTOR PHYSICIAN 23¢ NAME OF CEMETERY OR CREMATORY DHMH - 16 60M 7/84 CHAPEL OF MED



nerol director, page 3

death certificate be executed within 24 hours after death. Page 4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

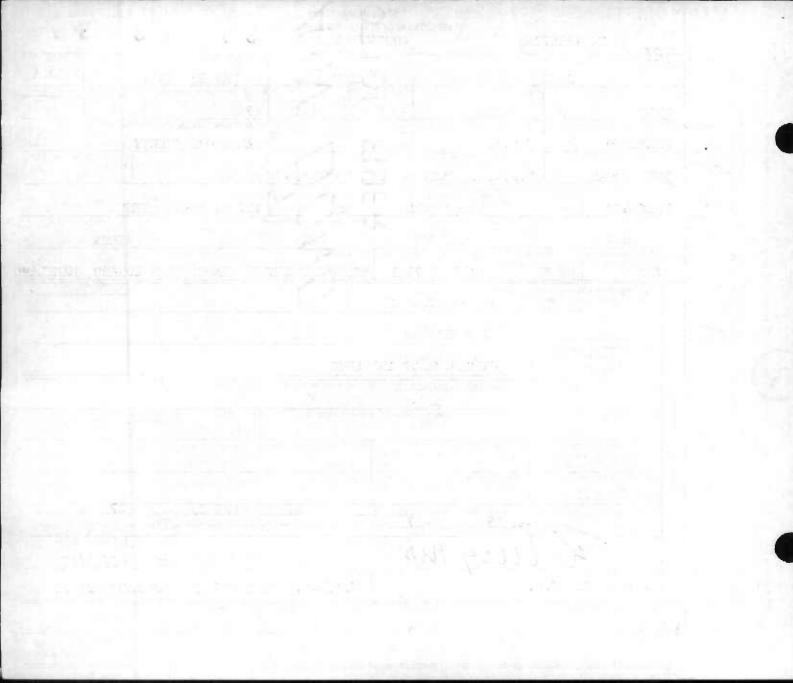
1 -	FOR STATE REGISTRAR XC 16167			EALTH AND MENTAL HYO	3 /	1 ;	3 1 3	5 9
I. DE	CEASED NAME FIRST	MIOOLE	(AST	REG. N		DAY YEAR	2b. HOUR
	OR PRINT)	, D	0.0	WIDTERED.	-43 0 15 11 11			3:10 A.
3. SE	JOHN	I D	5. DATE C	HRIEFER	MAY 25		IF UNDER 1 YEAR	IF UNDER 24 HRS.
3. SE.	A	4. RACE	S. DATE C	OAY YEAR	O. AGE (IN TEAKS LAST BE		MONTHS DAYS	HOURS MIN.
_	ALE	WHITE	10	28 1919	67	YRS.		
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	MARRIE	D NEVERMARRIED	9 BALTIMORE CITY	DR COUNTY	OFDEATH	
_	ARYLAND	U.S.A.	WIDOWE	DIVORCED	BALTIMORE	COUNT	Y	MD.
io C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I		OR OTHER INSTITUTION	12a USUAL OCCUPAT			F BUSINESS OR
F	ORT HOWARD	V.A.M.C., FO		D, MARYLAND	ROOFER		BUILI	OING
13a. S	AL RESIDENCE (IF NURSING HOUSE OF STATE ARYLAND	NTY 13c. CITY C		13d INSIDE CITY LIMITS?	13e STREET ADDRESS 137 E. NOI			21202
_	THER'S NAME			15 MOTHER'S MAIDEN NA	AME			
1	JOHN	SCHRI	AST FFFD	ANNA	WIODLE		RIDER	ſ
16a V	VAS DECEASED EVER IN U.S. AR		AL SECURITY NO.	17 INFORMANT	ADDR	ESS	KIDEK	
		VE WAR OR OATES)	01 7411	CLINICAL REC	CORD, VAMC,	FORT	HOWARD,	MARYLAND
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	m mil	(b), and (c).) C ARREST				BETWEEN	MATE INTERVAL DISSET AND DEATH
z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU				MINAL DISEASE OR COM	IDITION GIV	EN IN PART 10	>
CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPE		WHICH OPERATIO	N WAS PERFORMED	200 AUTÓPSÝ?	IN CERTIF	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?	
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OE. (IF EITHER, NOTIFY MEDICAL EXAMINE)	HOUR A.M. MONT	TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM IB P	PART TOR PART 2)	
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY.		21f LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
	22a.1 certify that (I) (this hasp	ital) attended the deceased	from MAY 8	1987	to MAY 25		19_87	that (I) (we) last
	sow the deceased alive on above, (1) (we) Lend) (did no	MAY 25 bt) vigw the body ofter death	_19 <u>87</u> , or	nd that in (my) (our) opinion	death occurred on the o	lote and hou		
	22b. SIGNATURE	lung.	My		MEDICAL STA		5/25	
	RAUL LOPEZ, M.			V.A.M.C., I	FORT HOWARD	, MARY	LAND 2	1052
	BURIAL, CREMATION, REMOVAL (SPECIFY) STRTAT.	23b. DATE 5/28/87		EMETERY OR CREMATORY VETERANS	23d. LOCATION CITY OF TOWN GARRISON FO		ScoMILLS	STATE MD.
	NERAL DIRECTOR RUSSET				TE REC'D. BY REGISTRAF		RAR'S SIGNAT	URE
	30 EDMONDSON A				IIIN 2 1987	Police	Dividura.	Roodalle

DHMH - 16 60M 7/84 (VRA 15, 4)

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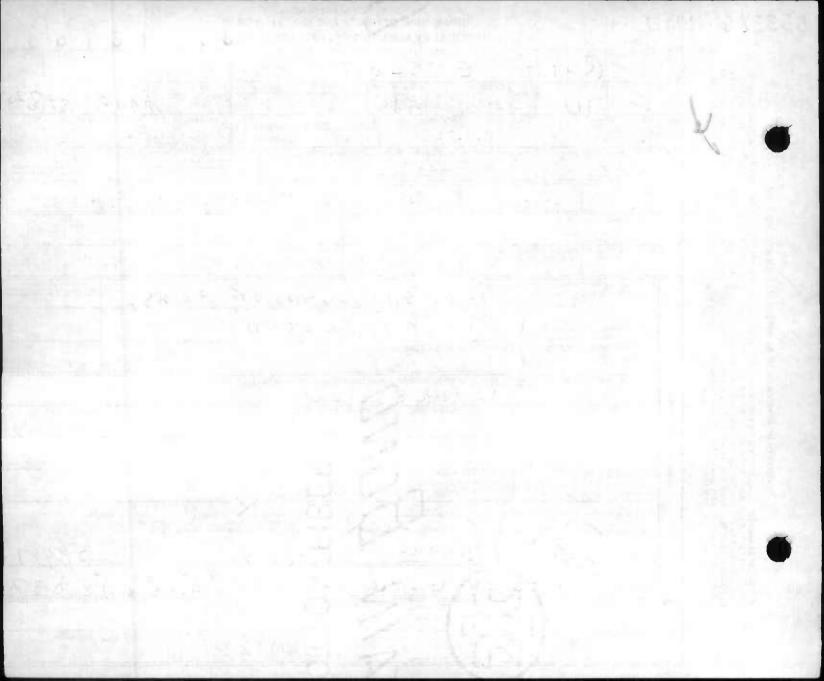
TO FUNERAL DIFFCTOR: After this certificate has been signed by the otterding physician though the person of the burial-transit permit. Then please remove corbon papers. Permit the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT II IEM 21 is morked or Item 18 shows any injury, or other troumatic event,

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.



DHMH - 17 (VR A15 ME (5) 20M 4/82

SCHIMUNEK FUNERAL HOME, INC. Belair Rd., Balto, Md



	1					E OF MARYLAND				
		1 -	FOR STATE	DEF		FICATE OF DEATH	HYGIEN	1 1 3	3 1 6	5
AY	18 87	1. DEG	REGISTRAR CEASED NAME FIRST	WIDDLE		IAST	20. DATE C	REG. NO.	DAY YEAR	2b HOUR
page 3		(TYPE	OR PRINT) KATHEF	RINE I	SEHR	r	110	1au 1987		11:20 P. M
, pag	100	3 SEX		4 RACE	5. DATE O	OF BIRTH	6 AGE (IN		IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
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ol dr	15/		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUP	NTRY? 8. MARRIE	D NEVER MARRIED		ORE CITY OR COUNTY		
1	3	40 CI	MD TY OR TOWN OF DEATH	USA	WIDOW	DIVORCED		imore Cou		MD.
led wit	()	10 0	Lutherville	(IF NOT IN SUCH FACILITY, GIVE College Ma	STREET ADDRESS)		TYPE OF WO	REFORMOST OF WORKING LIFE Memaker	E) INDUSTRY	Home
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omo-	73/	/ J	. J.	Verleger		Elizabeth		Schn	abel	1150
and c	edico			E WAR OR DATES)	SECURITY NO.	17 INFORMANT	-11 14			
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e ha	giene	RTIF	none				YES 🗌	NO YES	s 🗌	№ □
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s certifi buriol-tr	T He	EDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	21f LOCATION				
After this certificate	ond o	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	,	CITY OR TOWN	COUNTY	STATE
	s morked or he		220 I certify that (I) (this hospi	ital) attended the degeosed	from Dec	2 . 19 8	6 , to 1	4 May	1987	that (I) (we) lost
for u	21 15		sow the deceased alive on obove, (1) (we) (did no	21 HPTLI of view the body ofter death.	198/	nd that in (my) (our) opi	nion deoth occurr	ed on the date and hour	r ond from the	couses stoted
TO FUNERAL DIRECTOR: should be detoched for use	if Item		226. SIGNATURE SOF	STUW)	DEGREE ATTENDIN	G MEDICAL	STAFF	22c. DATE	SIGNED Nay 87
ERAI	ANT.		22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)		PHYSICIA 22e ADDRESS	N P DIRECTO	R PHYSICIAN		1.10
O FUN	MPORTANT:		CIERElli	COTT M.D.		1134 Yer	K Rd,	hutherve	lle	MD
- Is	s ≤	230 E	URIAL, CREMATION, REMOVAL			EMETERY OR CREMATO	DRY 23d. LOC	ATION OR TOWN	COUNTY	STATE
			Burial	5/14/87	Woodl	awn		odlawn,	DARICHCICALAT	ND.
6 50M 1		24 FL	INERAL DIRECTOR Henry	/ W. Jenkins	& Sons		MAY 1 5	REGISTRAR 25b REGISTI	RABISSIGNAT	Pindres
- (- / /		4	905 York Roa	d Balto.,	MD 2	21212	111/11 2 0	.,		

DHMH - 16 50M 1/76 (VR A 15 (4))

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ATTENDING PHYSICIAN: The low

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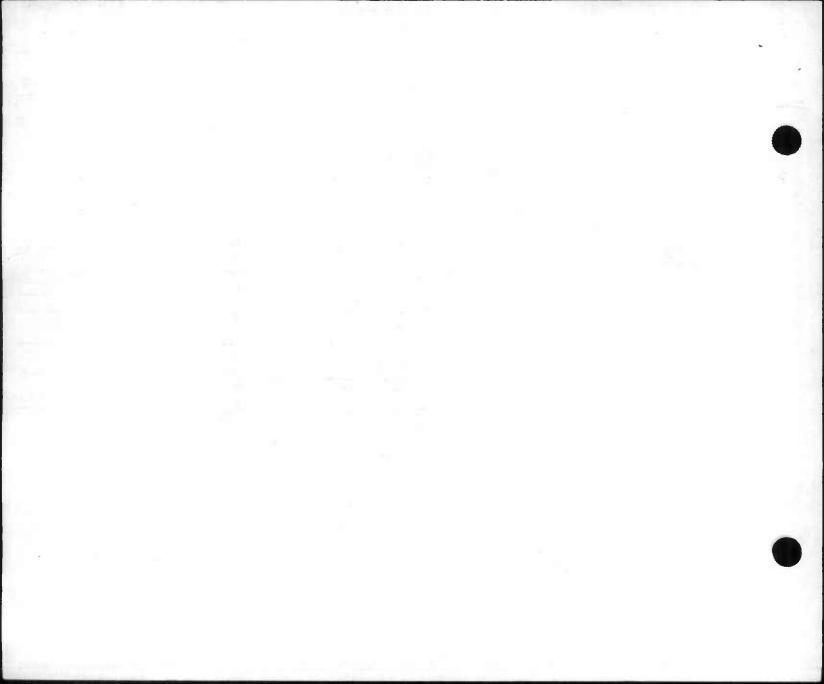
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

17 1	9 18	FOR 7 STATE REGISTRAR			DEPARTA		EALTH AND MENT		0 /	REG. NO	1	3	6	2
		CEASED NAME	FIRST		WIDDIE	į,	AST		20 DATE OF DI	EATH M	ONTH E	DAY YEAR	26 HO	UR
		WI	LLIAM			SEID	LICH JR			5	1	1 87	11:0	00 PM
	3. SE	X	4.	RACE		5 DATE O			6. AGE INYEAR	S LAST BIRTH		IF UNDER I VE AR		R 24 HR5
	1	MALE		WHIT	E	11		6	70		YRS	NONTHS DAYS	HOURS	MIN.
85	1	IRTHPLACE (STATE OR F COUNTRY) ryland	OREIGN 76	CITIZEN OF USA	WHAT COUNTRY?	MARRIEI WIDOWE	XXNEVER MARR		9 BALTIMORE BALT	CITY OR IMORE	COUNTY			MD.
1		TOWSON	тн 11	I. NAME OF	HOSPITAL, NURSING FACILITY, GIVE STREET	IG HOME O	R OTHER INSTITUT		12a USUALOC (TYPE OF WORK FO Retired	CUPATION	N VORKING LIFE	126. KIND C		IESS OR
39	130 Ma	ryland	NG HOME OR OI 136 COUNTY Balti	Υ	GIVE RESIDENCE BEFORE 136 CITY OR TOW TOWSON		13d INSIDE CITY LI YES \(\text{NO}\)	XX	13e STREET ADI	DRESS / 2	ZIP CODE	Apt. 2 Park Dr	В	Dept 21204
3	7 F	ATHER'S NAME FIRST Will:		Se:	idlich, S	r.	15. MOTHER'S MAI			Ph	elan	LA	ST	
1		WAS DECEASED EVER	IN U.S. ARMI	ED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANTT	owsor	n, MD	ADDRES	s 212	204		Dr
1/	25	es		2	215-18-9	697	Mrs. Nel			ich	108 K	Cenilwo	rth	Park
njury, or other troumatic m		Conditions, if any, gove rise to imm couse (a), statin underlying couse	nediote g the	DUE TO, O	R AS A CONSEQUE BOWEL R AS A CONSEQUE	NCE OF	ATORY ARR E							
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IMPORTANT: If them 21 is morked or them 18 stra		210 ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB	AUSE OF DEATH		DE INJURY M. MONTH DA M.	AY YEAR	21c. HOW INJURY	OCCURE	RED (ENTER NATUR	E OF INJURY	IN ITEM TB P.	ART I OR PART 2)		
rked or	MEDICAL	21d INJURY OCCURE WHILE NOT WH AT WORK AT WOR	ILE 🗌		OF INJURY REET FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET		(ITY OR TOW	٧	COUNTY		STATE
21 is mg		220.1 certify that (I) sow the decease	d olive on	1 5-1	19	5-3 87, on	d that in (my) (our)	-		5-11 on the dot			couses s	toted
JT. If then		226. SIGNATURE	ik fds	>			PHYS	DING	MEDICAL DIRECTOR	STAFF		22c DATE	SIGNED	
PORTAN		22d. PHYSICIAN'S NA		NAI			22e ADDRESS	samo						
3	23a.	BURIAL, CREMATION,	REMOVAL	23b. DATE	23¢ 1	NAME OF C	EMETERY OR CREM	ATORY	23d LOCATH			COUNTY		STATE
_		Burial		5-15-			n Cemeter		Woodla	awn	Balt	imore	MD	
7/84		UNERAL DIRECTOR L					ors, Inc.	250 DAT	E REC'D. BY REG	ISTRAR 2		RAP'S SIGNA		JUL.
)		28 Liberty					1133		1AY 14	1987	d	Amenda Catholica		

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate that been signed by the attending physicial should be detached for use as the buriol-trains permit. Then please remove carban papers with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal



STATE	OF I	MARY	LAND

DED ADTMENT OF UCALTU AND MENTAL UVCIENCE

8 REG.	NO.	1	3	16
DATE OF DEATH	MONTH	DAY	YEAR	2b. HOU

	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE 8 REG NO.	13163			
Ī	I. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR			
I	Mae	Ellen	Seivers	5/12/87	, M			
3	3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
1	F	В	6 12 36	50	RS. HOURS MIN			
1	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN		9. BALTIMORE CITY OR COU	INTY-OF DEATH			
1	Va.	U.S.A.	WIDOWED DIVORCED	County	154/10, MD.			
-	. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	JRSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	12b. KIND OF BUSINESS OR			
1	Turners Station	607 Main		Custodian	Dept. of Ed			
	USUAL RESIDENCE (IF NURSING HOME O 130. STATE 13b COU			13e.STREET ADDRESS / ZIP C	CODE			
4	Md. Balt		ners YES NO XX	607 Main St.				
T	14 FATHER'S NAME	MIDDLE LAS	15 MOTHER'S MAIDEN N					
Y	Randolph Le		71101	rietta Evans	LAST			
ti	160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL	SECURITY NO. 17 INFORMANT	ADDRESS				
I	(YES, NO OR UNKNOWN) (IF YES, GI	ve war or Dates)	4 1681 Ms. Prisci	illa Seivers 9	Fleming Drive			
F	18 CAUSE OF DEATH (Enter of	1-2		III DELVELD 7	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
ı	PART I. DEATH WAS CAUSE	ED BY:	einstern Fail	lure	BETWEEN ONSET AND DEATH			
ı	IMMEDIA	TE CAUSE (d)	3					
1	Conditions, if any, which	DUE TO, OR AS A CONS	EOUENCE Opetastasis					
1	gave rise to immediate)						
ı	cause (a), stoting the underlying cause last	DUE TO, OR AS A CONS	EOUENCE OF +L R	reat				
١	PART 2 OTHER SIGNIFICANT	(6)	TO DEATH BUT NOT RELATED TO THE TEL		L COVEN IN PART 1			
ı		CONDITIONS CONTRIBUTION	N	KMINAL DISEASE OR CONDITION	GIVEN IN PART III			
4	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR W	HICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. II	F YES, WERE FINDINGS USED			
1	E N/A			YES TO NOT IN CE	ERTIFYING CAUSES OF DEATH? YES NO NO			
đ.	21g. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEA				
1	OR CONTRIBUTION CAUSE OF DE		DAY YEAR					
ı	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	211, LOCATION					
1	WHILE IN NOT WHILE IT	(AT HOME, STREET, FACTORY, OF		CITY OR TOWN	COUNTY STATE			
ı	WHILE NOT WHILE AT WORK			2 5/11	6-3			
1	220.1 certify that (I) (this hasp			to death assured as the data and	, 19 , that (I) (we) lost			
ı	above, (1) (we) (did) (did no	sow the deceosed alive on 19, ond that in (my) (our) opinion death occurred on the date and haur and from the causes stated above, (1) (we) (did) (did not) view the bady after death.						
1	228. SIGNATURE	22b. SIGNATUFE DEGREE ATTENDING MEDICAL STAFF 22c. DATE SIGNED						
	1/-	- July	PHYSICIAN	DIRECTOR PHYSICIAN	1 2 1 3 8 1			
1	22d, PHYSICIAN'S NAME (TYPE OF	OR PRINT)	220 ADDRESS	4 , 101 /	R 14 14 6			
1		DUNCA		thront Blud.	Balt. MD.			
	230. BURIAL, CREMATION, REMOVAL Bur. 1	23b. DATE 5/15/87	23c NAME OF CEMETERY OF CREMATOR	Balto.,	COUNTY Mo			
1	24 FUNERAL DIRECTOR		25a. D	ATE REC'D. BY REGISTRARI756. RE	CASTRARS SUCKATURANDO			
1	.Tamble A Morton	S. Song 1701ADA	Sur ens St.	MAY 1 4 1087	Supplementation . A			

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, after this certifican has be should be detached for use as the burial-trainst permit with the State Dash of Health and Mantal Hygiere pring to IMPORTANT: If them 2T is marked or then 18 shills.

ATTENDING PHYSICIAN, The

TO HOSPITAL OF ATTENDED retained by the four-fall of

BP.

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"by filled in by the funeral director, page 3 shared in filed within 72 hours after death

by the ortending physician and control of the state of th

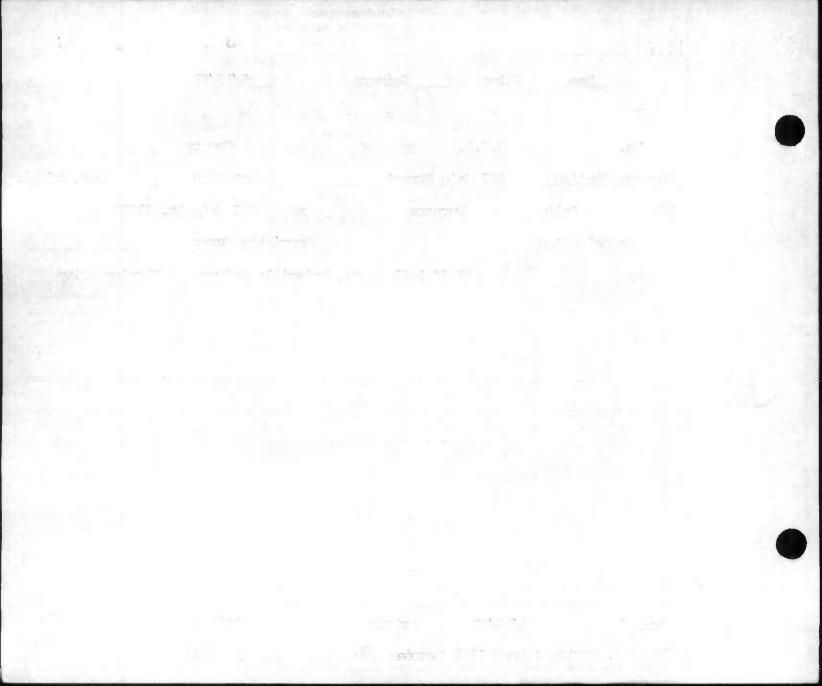
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37

death certificate be executed within 24 hours after death. Page 4 may be

names we morrous a soure 1/01 rant.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

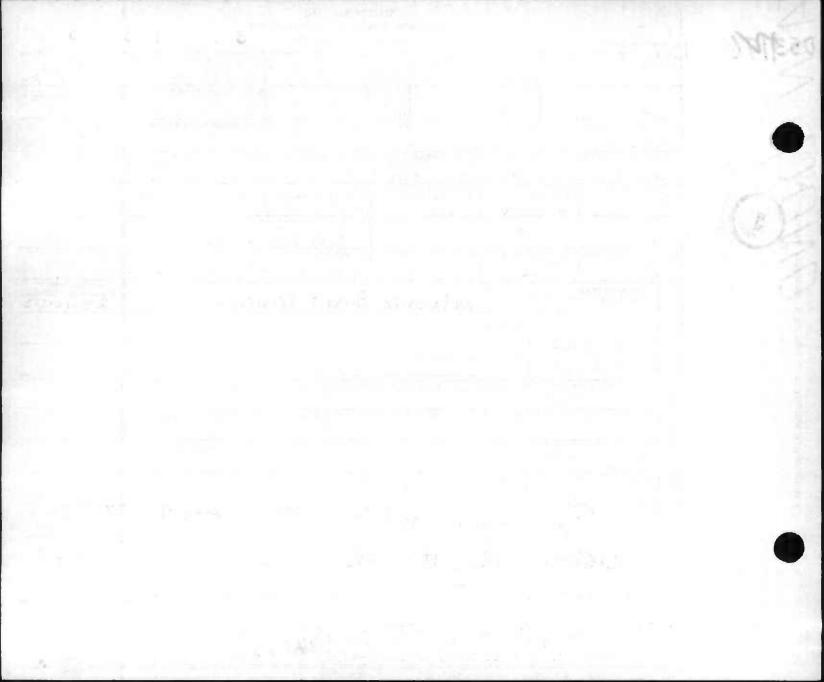
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REGISTRAR		CERTIFICATE OF DEATH	O REG. NO.	3 0 4
1: DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
Elia	zabeth	Sellers	May 9, 1987	7º PM
1 SEX	1. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
Female	Caucasian	July 24, 1913	73	(RS.
70. BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNT		9 BALTIMORE CITY OF COL	
Maryland	U.S.A.	WIDOWED DIVORCED		intv MD.
ID. CITY OR TOWN OF DEATH		RSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR
Randallstown	8314 Charmel		Teacher Ralto	City Public Sch.
ISUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE B	EFORE ADMISSION)		
100 00	11timore Randal			
A FATHER'S NAME		15 MOTHER'S MAIDEN	NAME	Drive /1133
Danie1	Dolle Dolle	Mary Co	* thomino Plake	LAST
60 WAS DECEASED EVER IN U.S.			therine Blake	
(YES, NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)		0.11 /105	
No	 215-28		Sellers 4125 Wor	thington Ave. 21136
PART I. DEATH WAS CAU	only one couse per line for (a), (b	, ond (c.) Respect	2000	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	TATE CAUSE (a) We to	static breast (amor	2/2 years
	DUE TO, OR AS A CONSE	OUENCE OF		
Conditions, if any, which	(. 402.162.01		
gave rise to immediate	(b)			
cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	OUENCE OF		
onderlying coose tost.	(c)			
PART 2. OTHER SIGNIFICAN	IT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION	N GIVEN IN PART TIO
Ď.				
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WE	TICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
Ē			YES NO	YES NO
210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITE	M 18 PART (OR PART 2)
		DAY YEAR		
IF EITHER, NOTIFY MEDICAL EXAMI	21e PLACE OF INJURY	211 LOCATION		
MILE NOT WHILE	(AT HOME, STREET, FACTORY, OFF		CITY OR TOWN	COUNTY
				0.9
	spital) attended the deceased from 31.	0-	T to May 9	
saw The deceased alue above, (1) (we) (did) (did	nat) yiew the body after death.	9 0 / , and that in (my) (aur) api	nion death accurred on the date an	d hour and from the couses stated
226. SIGNATURE	-// 0	DEGREE		22c. DATE SIGNED
Charl	1 Madoot	ATTENDIN PHYSICIA		51187
224 PHYSICIAN'S NAME (TY	PE OR PRINTI	22e ADDRESS	TO THE PROPERTY OF THE PARTY OF	1 3 (10)
Dr. Charles	Dadaat	F(01 T - 1	D D1 1 6 4	
230. BURIAL CREMATION REMOV		1 3601 Loch	Raven Blvd. Sui	te 10/
(SPECIFY)			CITY OR TOWN	COUNTY STATE
Burial	May 13, 1987	Loudon Park Cemee	tery Baltimore	Maryland
14 FUNERAL DIRECTOR LOTE	ng byers Funeral	Directors, INC	DATE REC'D. BY REGISTRAR 256. RI	EGISTRAR'S SIGNATURE
8728 Liberty Rd.	Randallstown,	MD 21133-4783	4 4 1987	Ti ATU

DHMH - 16 60M 7/84

TO FUNERAL DIRECTO

(VRA 15, 4)

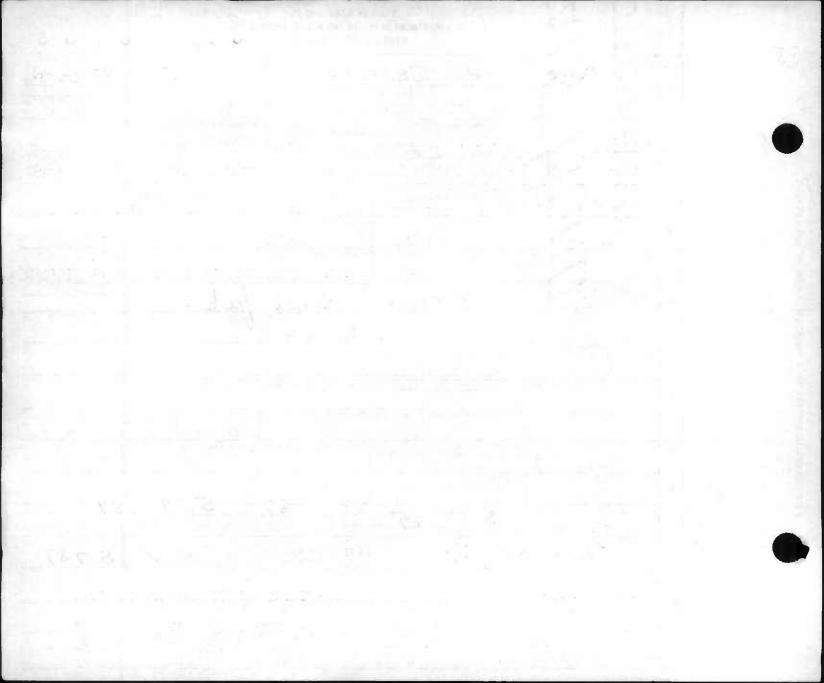


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DIVISION OF VITAL RECORDS, 201, W-PRESTON ST., BAITIMORE, MARYLAND 21203	12/	400-	. 0
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	TO HOSPITAL OR ATTENDEND PHYSICIAM. The low require that the dayth certificate be executed within 24 hours after death. President by the hospital or other day process.	TO FUNERAL DIRECTOR. After this certificate has been upped by the otherding physician and sompletely filled in by the funeral distribution of the property of the production o	WECKTAN: If the 2) is marked at them 18 shows any interview or other traumotic went at wendered as whose health at district.
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		FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H	YGIFNE:	og 1 6 m
13 11	5	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	3 1 0 3
100		CEASED NAME FIRST JEROME	MIDDLE	BENKER	20. DATE OF DEATH MONTH	PAY YEAR 26. HOUR 8.03 A
	1. SE	MALE	1. RACE CAUCASIAN	S DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) 74 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
33	ľ	IRTHPLACE (STATE OR FOREIGN IARYLAND	76. CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OF COUNT	70
2	25000	ITY OR TOWN OF DEATH	BALTO CO GEN	NG HOME OR OTHER INSTITUTION	128 USUAL OCCUPATION (TYP PRESTDENT WORKING L	12b. KIND OF BUSINESS OR RUG CLEANING
彩	13a	AL RESIDENCE (IF NURSING FOME OR STATE MARYLAND	OTHER INSTITUTION GIVE RESIDENCE BEFOR		13e STREET ADDRESS AP	T. 203 #21209 NG AVE.
300	1	SYLVAN	SENKER SENKER	2.6	ITH MIDDLE	PACHHOLDER
1	16a \	VAS DECEASED EVER IN U.S. AR/ s, no or unknown)	MED FORCES? 16b. SOCIAL SECTION 216-07-		RS. HELEN ASENKER NSPRING AVE. BALT	
December 1			ly ane cause per line far (a), (b), ar D BY: E CAUSE (a) 7 LCC	red abdon	unol aneur	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
to buriol, cremation, or nary, or other traumotic	NO	Canditians, if any, which gave rise ta immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEOU	icandral In	factions RMINAL DISEASE OR CONDITION GI	VEN IN PART 1(0)
Z and	CERTIFICATION	5/13/87	Replice of	abdonein of angurant	IN CERTI	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\text{NO} \)
1812	#	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	AY YEAR N/A	JRRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
rked or	MEDIC	214 INJURY OCCURRED	216. PLACE OF INJURY	FARM, ETC.)	CITY OR TOWN	COUNTY STATE
21 is m		220.1 certify that (1) (this haspit saw the deceased alive an above, (1) (we) (did) (did not	tal) attended the deceased fram_19_19_19		n death accurred an the date and ha	, 19, that (I) (we) last ur and fram the causes stated
NT. If Her		22b. SIGNATURE	lun	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5/13/87
MPORTAL		22d PHYSICIAN'S NAME OVER OF	AD HAN	122 SCA 1	DE AVE, BA	7290 MD 21208
	23a E	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	MAY 14,1987 H	NAME OF CEMETERY OR CREMATOR' EBREW FRIENDSHIP	23d. LOCATION CITY BALTIMORE	COUNTY MARYLAND
50M 1/81 5, 4)	24 F	JNERAL DIRECTOR SOI	LEVINSON & BROWN RD. BALTO., M		AY 2. 0 1987	JEAR'S SIGNATURE

and all the state

ATHER'S NAME HYMAN WAS DECEASED EVER IN U.S. AF	CAUCASIAN TO CITIZEN OF WHAT COUNTRY? U.S.A. 11. NAME OF HOSPITAL, NURSING (F) BALTUN GOVESTREET ROTHER INSTITUTION, GIVE RESIDENCE BEFOR	5. DATE OF JUNE 8 MARRIED WIDOWED NG HOME OF GENER	FBIRTH 1, 1908 XX NEVER MARRIED DI DIVORCED R OTHER INSTITUTION	6. AGE (IN YEARS LAST BIR 78 9. BALTIMORE CITY O BALT I MORI 120. USUAL OCCUPATION 1118. LOS WARNES AND LOS SELF EMPLO	YRS. PR COUNTY OF COUNTY	UNDER I YEAR NIHS DAYS DE DEATH Y 126. KIND O	2b. HOUR D 255AM IF UNDER 24 HRS HOURS MIN.
MALE IRTHPLACE ISTATE OR FOREIGN COUNTRY POLAND ITY OR TOWN OF DEATH RANDALLSTOWN ALRESIDENCE (IF NURSING HOME OF THE NU	CAUCASIAN 76 CITIZEN OF WHAT COUNTRY? U.S.A. 11. NAME OF HOSPITAL, NURSING IF POTAL TO COOKSTREET ROTHER INSTITUTION, GIVE RESIDENCE BEFOR TIMORE 13c. BIXLLIM	JUNE 8 MARRIED WIDOWED NG HOME OF ADDRESS E ADMISSION)	1, 1908 XX NEVER MARRIED DO DIMORCED ROTHER INSTITUTION	78 9 BALTIMORE CITY O BALT IMORI	YRS. PR COUNTY OF COUNTY	OF DEATH Y 126. KIND O	HOURS MIN.
POLAND ITY OR TOWN OF DEATH RANDALLSTOWN AL RESIDENCE (IF NURSING HOME OF DEATH MARYLAND ATHER'S NAME FIRST HYMAN WAS DECEASED EVER IN U.S. AF	U.S.A. 11. NAME OF HOSPITAL, NURSIN (IF BALTHO COUNSTRET ROTHER INSTITUTION, GIVE RESIDENCE BEFOR	MARRIED WIDOWED NG HOME OF ADDRESSION)	D DIVORCED D	BALTIMOR	E COUNT	Y 126. KIND O	
RANDALLSTOWN ALRESIDENCE (IF NURSING HOME OF THE NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE	GENER BEADMISSION)				126. KIND O	RUSINESSOR
ATHER'S NAME HYMAN WAS DECEASED EVER IN U.S. AF	LTIMORE 136 BACTIM				JED.	"PHARM	ACIST
HYMAN WAS DECEASED EVER IN U.S. AF			13d. INSIDE CITY LIMITS? YES NOXX	13e STREET ADDRESS / 25 STONEHI		R.,AP7	7(2120
	NIDDLE SETT.	LER	15. MOTHER'S MAIDEN NAME FIRST BESSIE	MIDDLE		UNK	
NO	RMED FORCES? 166. SOCIAL SECU VE WAR OR DATES) 215-30-4		MRS. ESTHER	ADDRE SETTLER 25			
	nly one cause per line for (a), (b), an ID BY: TE CAUSE (o) DUE TO, OR AS A CONSEQU (b)	SIS	le CVA	failure		BEIWEINC	MATE INTERVAL INSET AND DEATH
underlying cause lost.		DEATH BUT N		NAL DISEASE OR CON	20b. IF YES, V	WERE FINDIN	GS USED
OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D. P.M.	AY YEAR		YES NO	YES		NO []
WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC)	211 LOCATION STREET	city OR TO		COUNTY	STATE hat (we) lost
saw the decreased alive or above (1) (wg) (did) (did no 22b. SIGNATURY	or wiew the body after death. 19 3			MEDICAL STAI	FF /	22c. DATE	
DR. ROOTRONLIF	1					OSPITA	I
BURIAL	5/8/87 EVINSON & BROS	BETH IS		23d LOCATION CITY OR TOWN BALTI ERECTE BY REMSTRAR	TEL DETTEL	I MALAQUE SIGNA	MD STATE
3	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21al INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. Teerfify thot (1) (this hosp saw the deceased alive or above (1) (w) (did) (did not 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE C DR. ROOI RONLIF URIAL, CREMATION, REMOVAL SECTION URIAL, CREMATION, REMOVAL URIAL JINERAL DIRECTOR SOL I	19th CONDITION FOR WHICE 21th ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21th TIME OF INJURY HOUR A.M. MONTH D. P.M. 21th INJURY OCCURRED 21th PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, AT WORK NOT WHILE AT WORK AT WORK AT WORK AT WORK 27th Certify that (I) (this hospital) attended the disposed from sow the deceased alive on sow the deceased alive on sow the deceased alive on sove (I) (wg) I did (I did not) view the body after death. 27th SIGNATURE 27th PHYSICIAN'S MAME (TYPE OR PRINT) DR. ROOTRONLIR 23th DATE 23th DATE	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETIHER, NOTIFY MEDICAL EXAMINER) 210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR (IF ETIHER, NOTIFY MEDICAL EXAMINER) 210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 210. TIME OF INJURY OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 270. T. certify thot (1) (this hospital) attended the deeposed from sow the deeposed dlive on obove (1) (we) (did) (did not) view the body after deoth. 270. T. ROOTRONLIR 270. PHYSICIAN'S HAME (TYPE OR PRINT) DR. ROOTRONLIR 271. T. ROOTRONLIR 272. T. ROOTRONLIR 273. NAME OF CE STREET, FACTORY, OFFICE, FARM, ETC.) 274. PHYSICIAN'S HAME (TYPE OR PRINT) DR. ROOTRONLIR 275. SIGNATURE 276. NAME OF CE STREET, FACTORY, OFFICE, FARM, ETC.) 277. T. ROOTRONLIR 278. PHYSICIAN'S HAME (TYPE OR PRINT) DR. ROOTRONLIR 278. NAME OF CE STREET, FACTORY, OFFICE, FARM, ETC.) 278. SIGNATURE 279. T. ROOTRONLIR 271. T. ROOTRONLIR 279. T. ROOTRONLIR 270. T. ROOTRONLIR 270. T. ROOTRONLIR 271. T. ROOTRONLIR 272. T. ROOTRONLIR 273. NAME OF CE STREET, FACTORY, OFFICE, FARM, ETC.) 274. PHYSICIAN'S HAME (TYPE OR PRINT) DR. ROOTRONLIR 275. SIGNATURE 276. PHYSICIAN'S HAME (TYPE OR PRINT) DR. ROOTRONLIR 277. T. ROOTRONLIR 278. PHYSICIAN'S HAME (TYPE OR PRINT) DR. ROOTRONLIR 278. T. ROOTRONLIR 279. T. ROOTRONLIR 279. T. ROOTRONLIR 270. T. ROOTRONLIR 271. T. ROOTRONLIR 272. T. ROOTRONLIR 273. NAME OF CE STREET, FACTORY, OFFICE, FARM, ETC.)	19th CONDITION FOR WHICH OPERATION 19th CONDITION FOR WHICH OPERATION WAS PERFORMED	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 210 ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 INJURY OCCURRED 210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION 211 LOCATION 212 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 212 STREET 213 LOCATION 214 LOCATION 215 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 215 SIGNATURE 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 217 On the deceposed dive on obove (1) (wg) (did) (did not) view the body offer deoth. 226 ADDRESS 226 ADDRESS 227 ATTENDING MEDICAL STA PHYSICIAN'S MAME (TYPE OR PRINT) 228 ADDRESS 229 ADDRESS 230 NAME OF CEMETERY OR CREMATORY 231 LOCATION 220 ATTENDING MEDICAL STA PHYSICIAN'S MAME (TYPE OR PRINT) 220 ADDRESS 231 NAME OF CEMETERY OR CREMATORY 233 LOCATION 234 LOCATION 235 BALTINGRE 236 NAME OF CEMETERY OR CREMATORY 236 DATE REE BY BALTIANA BALTI ISR BALTI DIRECTOR DATE REE BY BALTIANA BALTIA	190 DATE OF OPERATION 191 PLACE OF INJURY 191 PLACE OF INJURY 191 DOT OFFICE FARM, ETC.) 192 DATE OF OPERATION 193 DATE OF OPERATION 194 DATE OF OPERATION 195 DATE OF INJURY OCCURRED 195 DATE OF INJURY 197 DATE OF INJURY 198 DATE OF INJURY 199 DATE	21a, ACCIDENT WAS UNDERLYING YES NO YES NO YES YES 21a, ACCIDENT WAS UNDERLYING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 19 HOUR A.M. MONTH DAY YEAR 19 21a INJURY OCCURRED YES YES YES YES YES YES YES YES 21a INJURY OCCURRED YES 21a INJURY OCCURRED YES YES YES YES YES YES YES YES 21a INJURY OCCURRED YES YES



MIDDLE 20 DATE OF DEATH 1. DECEASED NAME 055205 TYPE OR PRINT WILL IAM SHAFFER ROBERT 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) 3 SEX MONTH January 12, 1927 white Male 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY U.S.A. BALTIMORE COUNTY Marvland WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION O CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE (IF NOT IN SUCHEACILITY, GIVE STREET ADDRESS) TOWSON NORTH CHARLES ST Inspector GBMC-PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 1136 CITY OR TOWN 113b COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? filled by 19106 Middletown Rd., 21120 Parkton NO K Maryland Baltimore 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Shaffer Sterling Ada ADDRE 19106 Middletown Rd. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16b SOCIAL SECURITY NO IYES NO OR UNKNOWN Elizabeth Pearce ShafferParkton, MD 21120 215-22-8734 VAG 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) PESPIRATORY ARREST DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (b) LUNG CANCER gave rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? à hos NQ veriol-tronsit p 21b TIME OF INJURY 21c HOW INJURY OCCURRED 71a ACCIDENT WAS UNDERLYING (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH or Hem MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN STREET (AT HOME STREET FACTORY, OFFICE FARM ETC.) NOT WHILE

220 | certify that (1) (this hospital) attended the deceased from. sow the deceased alive on 5-73 above, (I) (we) (did) (did not) view the body after death

27b. SIGNATURE

274 PHYSICIAN'S NAME (TYPE OR PRINT)

FOR

REGISTRAR

- STATE

CATHERINE NORTH, M.D. GRMC 6701 NORTH CHARLES 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b DATE Pine Grove United Methodist Parkton, Baltimore, MD (SPECIFY) May 26,1987 Burial 24 Second Street 254 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S-SIGNATURE JUN J.J.HartensteinNew Freedom, PA 17349

DEGREE

MD

22e ADDRESS

ATTENDING

PHYSICIAN

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

26 HOUR

12b KIND OF BUSINESS OR

Manufacturing

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO F

IF UNDER 1 YEAR

INDUSTRY

B aker

20b. IF YES, WERE FINDINGS USED

COUNTY

22c DATE SIGNED

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

DIRECTOR PHYSICIAN

STAFF

MEDICAL

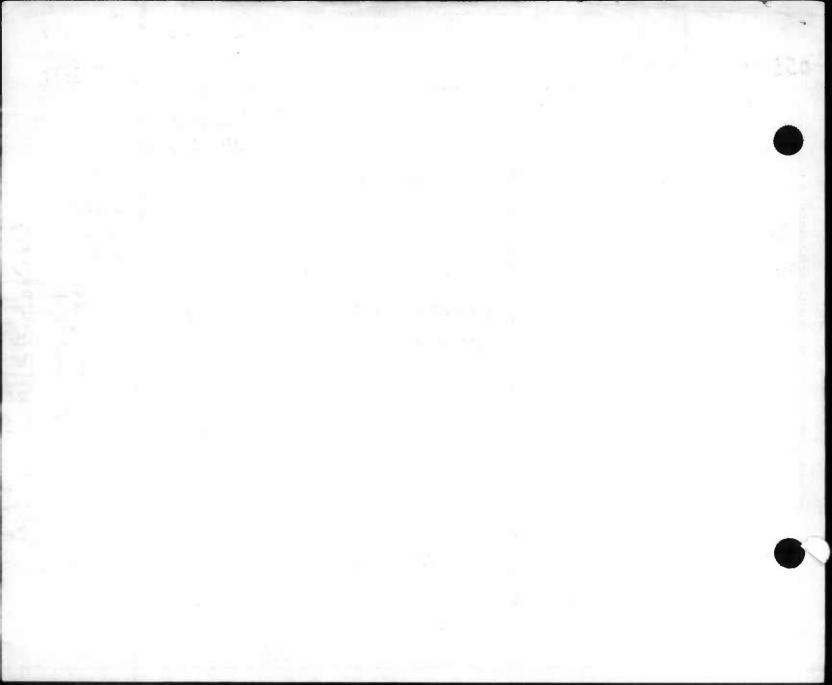
IN CERTIFYING CAUSES OF DEATH?

DHMH - 16 60M 7/84 (VRA 15, 4)

+

CRITANT

P P



director, page 3 hours after death

					STATE OF MAKT	LAND				
1	FOR			DEPARTMEN	T OF HEALTH AND	MENTAL HYG	IENE			
17	STATE			C	ERTIFICATE OF	DEATH	8	1	1 3 1	6 8
01	REGISTRAR					0277111		REG. NO.		0 0
	CEASED NAME	FIRS1	MIOOLE		LAST		20 DATE OF DE	EATH MONTH	DAY YEAR	26. HOUR
(1100)	ORPRINT	JOHN	HAST	INCS	SHANNO	TAI		5	5 87	3 30
		OOIM				11	1.05			IF UNDER 24 HRS
3. SE	X		4. RACE	5.	DATE OF BIRTH	YEAR	6 AGE (IN YEAR	S LAST BIRTHOAY)	MONTHS DAYS	HOURS MIN.
	MALE		WHITE		10 20	1900	86	YR:		
7n Bi	RTHPLACE (STATE C	OR ECOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8	10 20			CITY OR COUN		
	COUNTRY			٨	MARRIED 🖾 NEVER	MARRIED -	, battimone	CITT DA COOL	TIT OF DEATH	
1	Washington	n D.C.	U.S.	A. w	IDOWED [ONORCED [Ba]	ltimore	County	MD.
10. C	ITY OR TOWN OF D	EATH	11. NAME OF HOSPI			STITUTION	120 USUAL OC		12b. KIND O	F BUSINESS OR
	-C-1	1 1	(IF NOT IN SUCH FACIL					R MOST OF WORKING	G LIFE) INDUSTRY	Federal
1	Catonsvi		Summit N				Adminis	strator	Gov't	
USU.	AL RESIDENCE (IF N.	136 COUI	R OTHER INSTITUTION, GIVE RE	ESIDENCE BEFORE AOM		CITY LIMITS?	112. STREET ADI	DRESS / ZIP CO	ODE	21228
						NO.				
	aryland ATHER'S NAME	I Dal	chilore I Co	atonsvil	10	R'S MAIDEN NA		TOEIL CI	oice In.	Apt. 2205
1	FIRST		MIDDLE	LAST	IS. MOTHE	FIRST		MIDDLE	LAS	T .
/	Walte	r	D	Shanno	n .7	osephine	0		Feoe	rtsche
lóa V	WAS DECEASED EVE		RMED FORCES? 166 S	OCIAL SECURITY				ADDRESS		
- 1	YES, NO OR UNKNOWN)	(IF YES, GI	VE WAR OR DATES)						. 2205	21228
_	NO		0	83-03-06	01 Hele	n R. Sha	annon 71	1 Maide	n Choice	
	18. CAUSE OF DEA	ATH (Enter of	nly one couse per line fo	or (0), (b), and (c)	1,1		î	•	BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH			Crast	ed Actions	m original	age.	accid	Le lit	
		IMMEDIA	TE CAUSE (o)	Can Can L	C & Calla	2				
	200		DUE TO, OR AS A	CONSEQUENC	EOF	CVD				
	Conditions, if or		(b)		112	ND				
	gove rise to it		DUE TO, OR AS A	CONSTOURNE	E 0E					
	underlying cou		DOE TO, OK AS A	CONSEGUENC	E OF					
			(c)							
z	PART 2 OTHER SI	GNIFICANT	CONDITIONS CONTRI	BUTING TO DEA	TH BUT NOT RELATE	D TO THE TERM	INAL DISEASE	RCONDITION	GIVEN IN PART TO	
፟	77-6	reidy	7-20-0-6	talien	, con	gest	euch b	letury:	jacker	LC
A	19a. DATE OF OPER	RATION	196. CONDITION	FOR WHICH OPE	ERATION WAS PER	OPMED	20a AUTOPS	Y? 20b. IF	YES, WERE FINDIN	NGS USED
F							YES ON	IO TO CER	RTIFYING CAUSES	OF DEATH?
MEDICAL CERTIFICATION			21b. TIME OF INJU	IBV	101-11014	INTERIOR OF COURT				140
Ü	OR CONTRIBUTING	_		MONTH DAY	YEAR ZICHOW	INJURY OCCURE	KED (ENTER NATUR	E OF INJURY IN ITEM	18 PART I OR PART 2)	
A	(IF EITHER, NOTIFY ME		^In [19					
ä	21d. INJURY OCCU	1707	21e. PLACE OF IN	JURY	211 LOCAT	ION				
ME		WHILE	(AT HOME STREET, FA	CTORY, OFFICE, FARM,	ETC) STRE	ET		ITY OR TOWN	COUNTY	STATE
	AT WORK AT V	VORK			<u> </u>	1		11		
	220.1 certify that	(I) (this hosp	ital) oftended the deci	eosed from	20 Hpu	19 17	, to	11) any	19 8 7	that (1) (we) lost
	sow the dece	osed olive or	4 11 an		2 ond that in (m	y) (our) opinion o	death occurred o	on the date and l	hour and from the	couses stated
	22b. SIGNATURE	(did) (did no	ot) view the body ofter	deoth.	DEGREE				22c. DATE	CICNED
	ZZB. SIGNATURE		- 4		DA TY	ATTENDING	MEDICAL	STAFF	ZZC. DATE	SIGNED
	1	ame	0 5 1	me	1012	PHYSICIAN [DIRECTOR -	PHYSICIAN [3	15/87
	22d. PHYSICIAN'S	NAME (TYPE	OR PRINT)		22e ADDR		-	11		- IF
		1. 6	P	-	-	lumin	not	Ilur	sins	1
		J .	- Cou						1	7 - 70
	BURIAL, CREMATION	N, REMOVAL	23b DATE	23c. NAM	AE OF CEMETERY OF	RCREMATORY	23d LOCATH		COUNTY	STATE
	(SPECIFY) Buria	2]	5/9/87	St.	Peter's	Comotor		_		Va.
24 F	UNERAL DIRECTOR			1 11,0	21229				SISTRAR'S SIGNAT	
					/ / / / / /	1		1.0		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

Hubbard Funeral Home, Inc.

24 FUNERAL DIRECTOR

3. SEX

ACORESS 4107 Wilkens Ave.

MAY 8 1987 Julia Sinder Rudal

AND THE REST OF THE PARTY OF TH

4120 6 12

STATE OF MARYLAND

-		2	
PARTMENT (OF HEALTH	AND MENTAL	HYGIENE
CER	TIFICATE	OF DEATH	

ווכ	ENE	8	REG	. NO.	1	3		i	6	9
	2a. C	ATE C	F DEATH	5		RO	8		2b. HO	JRE PM
T	6. AC	E (IN	YEARS LAST	BIRTHDAY)		_	DERIYE	AR	IF UNDE	R 24 HRS
		88	3		YRS.	MONTH	S DA	Y.S.	HOURS	MIN.
T	9. BA	LTIM	ORE CITY	Y OR CO	UNT	Y OF D	EATH			
		BA	LTI	MORE	CC	INUC	Y			MD
	(TYPE	OF WO	OCCUP RK FOR MO SIDEN	ST OF WOR	KING L	FE) IN	DUST	RY		MAN
1	13e. <u>S</u>	TREET	ADDRES	SS / ZIP	COD	E	7		1010	00

		OR PRINT)	ber !		H -	Shi	MAA	1	2a. DA	TE OF DEA	TH MON	DA Q	3 8°	2b. 1	HOURE
	3. SE>	(4. RACE		5. DATE C	F BIRTH		6. AGE	(IN YEARS LA	AST BIRTHDAY		UNDERTYEA	_	NDER 24 HRS
		MALE		WHITE		JUN	E 14,	.898 ^{EAR}		88		YRS.	NIHS DAY	HOU	URS MIN.
2		RIHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	□ NEVER	ALABBIED []	9. BAL	TIMORE CI	TY OR CO	DUNTY	F DEATH		
		SSTA		US	MARRIED NEVER MARRIED WIDOWED DIVORCED			BALTIMORE COUNTY						MD	
5	P	TY OR TOWN OF DEA		PIKERUI		DDRESS)	OR OTHER IN		(TYPE O	SUAL OCCU F WORK FOR A RESIDE	MOST OF WO	RKING LIFE)	INDUSTR	Υ	LLMAN
1	13a S	AL RESIDENCE HE NURS STATE MARYLAIND	136 COUN	TO.	GIVE RESIDENCE BEFORE 134. CITY OR TOWN BALTIMO	٧ .	136 INSIDE	CITY LIMITS?	136 STREET ADDRESS / ZIP CODE 7906 SEVEN MILE LA. #21208					1208	
0	14. FA	THER'S NAME AARON	П	MIDDLE	SHILLMAN			STHER	ME	MIDI	DŁE		GE	AST RST	EIN
à	16a W	VAS DECEASED EVER			16b. SOCIAL SECUI		17. INFORM				DDRESS				208)
P	YES O' OR UNKNOWN) DEVEL GIVE WAR ORD ATES				212-03-2	246	Mrs. Sara Ann Berger 7906 Seven M						ven M	ile	Lane
		PART I. DEATH W Conditions, if ony, gove rise to imm couse jol, stotin underlying couse PART 2 OTHER SIGN	which nediote g the lost.	D BY: TE CAUSE IO) DUE TO, O (b) DUE TO, OI (c)	RAS A CONSEQUE	NCE OF	Decid Don	Suff D TO THE TERM	AINALDI	SEASE OR	CONDITK	ON GIVER			INTERVAL AND DEATH
	NO.	413	heir	neis	Doza	record									
2	CERTIFICATION	19a DATE OF OPERAT	TION	1% CONDI	TION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a YES	AUTOPSY?	IN		WERE FIND NG CAUSE	SOF	
7		210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DE	nn I	M. MONTH DA	Y YEAR	21c. HOW I	NJURY OCCURI	RED (EN	ITER NATURE	F INJURY IN	ITEM 18 PAR	T 1 OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED 21e. PLACE			OF INJURY EET, FACTORY, OFFICE, FA	IRM, ETC)	21f LOCAT			CITY	OR TOWN		COUNTY		STATE
		220.1 certify that (1) saw the decease above, (1) (we) (c	ed olive on		19		d that in (my	, 19 /) (our) opinion	deoth o		the date o			,	(I) (we) lost es stoted
,		22b. SIGNATURE	ol	8/	9		DEGREE	ATTENDING PHYSICIAN	MED!	ICAL TOP PH	STAFF HYSICIAN		22c. DA	ESIGN 20/	87
		27. PHYSICIAN'S NA	ME (TYPE O	B.	BOB		22e. ADDRE	ss Pa	2016	He	igh	th	le z	121	08

should be detach IMPORTANT: If He 230 BURIAL, CREMATION, REMOVAL BURIAL

FOR STATE REGISTRAR

DHMH - 16 60M 7/84 (VRA 15, 4)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY BETH TFILOH

23d, LOCATION
CITY OF TOWN
BALTIMORE

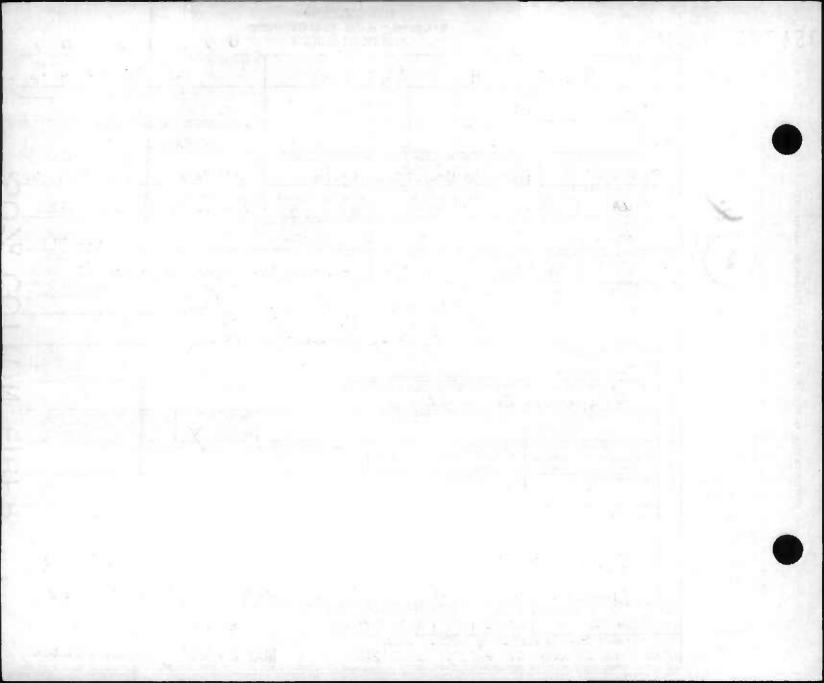
COUNTY

MAY 21,1987 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO. MD 21 21215

MARYLAND

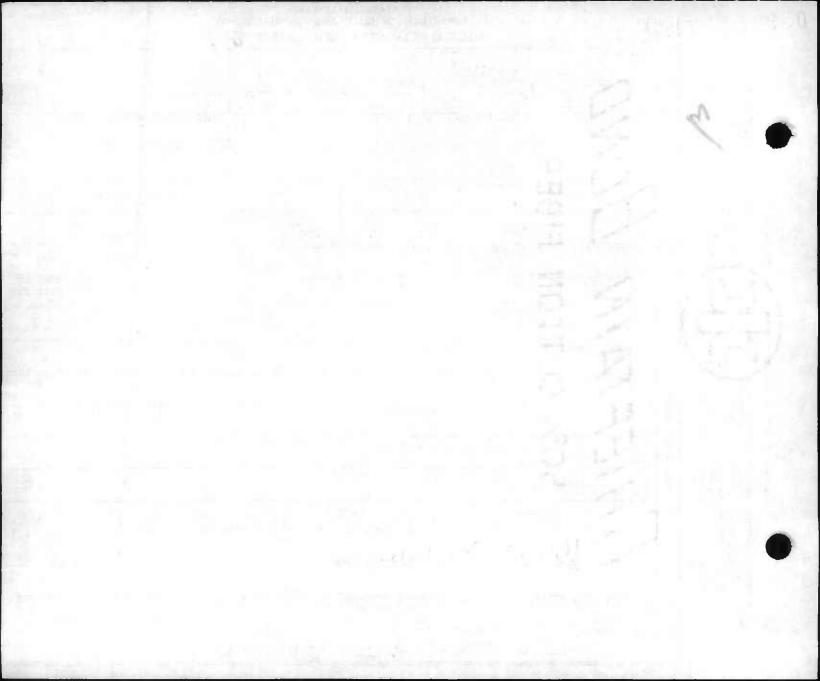
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
MAY 2 7 1987

July Deviden Conduct



(VR A15 ME (5))

STATE OF MARYLAND



requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or ottending physician.

0551

STATE OF MARYLAND

111-2	- STATE REGISTRAR			OLI AKIMI		EALTH AND MENTAL HYG ICATE OF DEATH	8 REG. NO	D.	3	1
	ECEASED NAME	FIRST	WIDDL	E	1.7	AST	20. DATE OF DEATH	MONTH D	AY YEAR	2b HOUR
1 ''''	En:	ma	R.		Siegl	Le	5-28-87			
3. SE	EX	4.	RACE		5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24
240	emale		White		9 MONTH	26 1923	63	YRS.	ONIHS BAYS	HOURS
2	BIRTHPLACE (STATE OR FO COUNTRY) USA Maryla		USA		MARRIED WIDOWEI	NEVER MARRIED DIVORCED	Baltimore City o			
V	CITY OR TOWN OF DEA	TH 1,1	(IF NOT IN SUCH FAC	PITAL, NURSING	DORESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O Homemake)	ON F WORKING LIFE	125. KIND O	
esu.	JAL HESIDENCE (IF NURSI	NG HOME OR OTH 136. COUNTY Balt	HER INSTITUTION GIVE		ADMISSION)	13d INSIDECITY LIMITS?	13e STREET ADDRESS / 2219 Smi	ZIP CODE		
	ATHER'S NAME FIRST Granville	MID		LAST		15. MOTHER'S MAIDEN NA FIRST Violet		011 1170	LAS	
13	WAS DECEASED EVER I		D FORCES? 16b	SOCIAL SECUR		Howard P. S:	iegle 2219	Smith	Ave.	
	PART I. DEATH WA	1 (Enter only)	one couse per line. BY:	for (o), (b), and	(c)	Baltimoro, i	orestand 21	227		MATE INTERV
	Conditions, if ony, gave rise to imm couse (o), stating underlying cause	ediate g the	DUE TO, OR AS	a consequen	VEE OF			S		
FICATION	Conditions, if ony, gave rise to imm couse (a), stating underlying cause	which lediate g the lost.	DUE TO, OR AS (b) DUE TO, OR AS (c) NDITIONS CONTI	A CONSEQUENT A CONSEQUENT RIBUTING TO DE	NCE OF	NOT RELATED TO THE TERM	206 AUTOPSY?	20b. IF YES, IN CERTIFY	, WERE FINDIN	RGS USED
AL CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), stoting underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 510, ACCIDENT WAS UND	which lediate the lost. IFICANT COMMENT COMME	DUE TO, OR AS (b) DUE TO, OR AS (c) NDITIONS CONTITION 19b. CONDITION 21b. TIME OF IN HOUR A.M.	A CONSEQUENT A CONSEQUENT RIBUTING TO DE	EATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY? YES □ NO 🐼	20b. IF YES, IN CERTIFY YES	, WERE FINDIN YING CAUSES	GS USED
MEDICAL CERTIFICATION	Conditions, if ony, gave rise to imm couse 101, stoting underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 515 8 21a, ACCIDENT WAS UNDION CONTRIBUTING CIFETHER NOTIFY MEDIC 21d INJURY OCCURR	which lediate of the lost. IFICANT COMMENT CO	DUE TO, OR AS (b) DUE TO, OR AS (c) NDITIONS CONTI 19b. CONDITION 21b. TIME OF IN HOUR A.M. P.M. 21e PLACE OF II	A CONSEQUENT A CONSEQUENT TO DE TO THE TOTAL TO THE TOTAL THE TOTA	NCE OF EATH BUT OPERATION OF Y YEAR 19	NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY? YES □ NO 🐼	20b. IF YES, IN CERTIFY YES	, WERE FINDIN YING CAUSES	IGS USED OF DEATH NO
400	Conditions, if ony, gave rise to imm couse 101, stoting underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 5 S 21a, ACCIDENT WAS UNDION OR CONTRIBUTING C LIFETHER NOTIFY MEDIC 21d INJURY OCCURR WHILE NOTIFY MEDIC 22a.I certify that (1) sow the decease	which lediate of the lost. IFICANT COLON ON THE CONTROL ON THE CO	DUE TO, OR AS (b) DUE TO, OR AS (c) NDITIONS CONTI 19b. CONDITION 21b. TIME OF IN HOUR A.M. P.M. 21e. PLACE OF II (AT HOME, STREET, F	A CONSEQUEN A CONSEQUEN RIBUTING TO DI N FOR WHICH C JURY MONTH DAN NJURY ACTORY, OFFICE FAI Ceosed from 19	NCE OF EATH BUT OPERATION Y YEAR 19 RM. ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 216 HOW INJURY OCCURI	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUI	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES TREE FINDING CAUSES COUNTY	PGS USED OF DEATH NO
400	Conditions, if ony, gave rise to imm couse 101, stoting underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 5	which lediate of the lost. IFICANT COMMENT CO	DUE TO, OR AS (b) DUE TO, OR AS (c) NDITIONS CONTI 19b. CONDITION 21b. TIME OF IN HOUR A.M. P.M. 21e. PLACE OF II (AT HOME, STREET, F) 21b. Time of the decire of	A CONSEQUEN A CONSEQUEN RIBUTING TO DI N FOR WHICH C JURY MONTH DAN NJURY ACTORY, OFFICE FAI Ceosed from 19	NCE OF EATH BUT DPERATION OF Y YEAR 19 RM. ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 216 HOW INJURY OCCUR 216 LOCATION STREET 19 and that in (my) (my) opinion DEGREE ATTENDING PHYSICIAN (1)	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUI	20b. IF YES, IN CERTIFY YES RY IN ITEM 18 PA	WERE FINDING CAUSES TREE FINDING CAUSES COUNTY	IGS USED OF DEATH NO
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DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

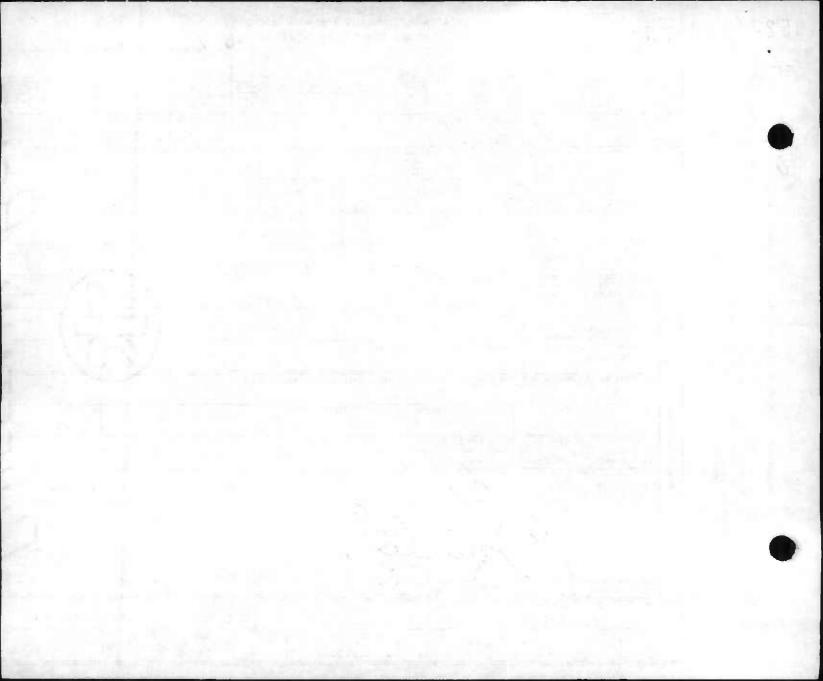
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8728 Liberty Road Randallstown, MD.

DHMH - 17

(VR A15 ME (5))



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illed in by the funeral director, page 3 and begind begind begind within 72 hours after death

requires that the death certificate be executed within 24 haurs after death. Page 4 may be

STATE OF MARYLAND

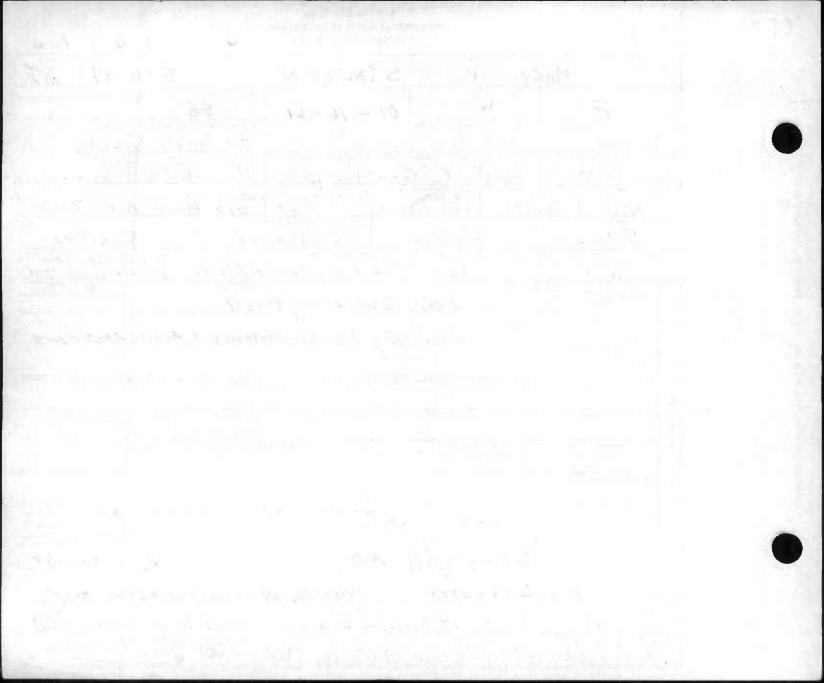
11/	FOR STATE REGISTRAR			DEP		EALTH AND MEN		NE 8 Z	5, NO.	1 3	1	73
	CEASED NAME E OR PRINT)	MAR	Y	P	5 9	MPSO		2a. DATE OF DEAT	H MONTH 5 .	-6-8°	1 4	10 AM
3. SE	F		RACE	/	5. DATE C		YEAR O/	AGE (IN YEARS LA	5 YF	RS.	AYS H	FUNDER 24 HRS.
	IRTHPLACE (STATE OR F COUNTRY) IN A ITY OR TOWN OF DEA	_/	CITIZEN OF	. A.	WIDOWE		RCED	0	moie	Coun	ty	MD.
To	RANdAllst	our	BAL	H FACILITY, GIVE	STREET ADDRESS) BEFORE ADMISSION	Hosp		OUSE OF WORK FOR MI	OST OF WORKIN	NG LIFE) INDUST	TRY	en a Kini
13a. S	STATE ATHER'S NAME	BA	110	Reis		136. INSIDE CITY YES NOTHER'S M	0	30.STREET ADDRE	304d	Aue.	2	21136
7	Wilson	2	DDLE '	Prest	ton	CA	+ heri	N'P MIDD		Ros	LAS	er
	WAS DECEASED EVER YES, NO OF UNKNOWN)	(IF YES, GIVE V			SECURITY NO. 01-7582	MAry.	Louise	11/11	DRESS 35	eisters	four	PAUK LA LA MO.
NOI	Conditions, if ony, gove rise to imm couse (o), stofin underlying couse	which nediote g the lost.	DUE TO, OI (b) DUE TO, OI (c)	R AS A CONS	SEQUENCE OF		1 0-A50	dominal				eysy
CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	TION FOR W	HICH OPERATIO	N WAS PERFORM	ED	200 AUTOPSY?	IN CE	YES, WERE FIN RTIFYING CAU YES []	ISES OF	
MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER, NOTIFY MEDIC 210. IN JURY OCCURR WHILE NOT WHAT WORK AT WORK	AUSE OF DEATH	P./ 21e. PLACE	M. MONTH M. OF INJURY	H DAY YEAR 19	21f. LOCATION STREET	RY OCCURRE	D (ENTER NATURE OF	INJURY IN ITEM	COUNTY		STATE
	220.1 certify that (1) sow the decease above. (1) (we) (a 22b. SIGNATURE	ed alive an lid) (did not)	view the body	- 6 -	19 87 or	DEGREE	NDING _	mEDICAL DIRECTOR PH	STAFF			
23a I	BURIAL, CREMATION,	REMOVAL	236. DATE MAY 8,			EMETERY OR CRE		23d. LOCATION FINES	busq.	CAVVO	1/	Mid.
24. FI	LIMERAL DIRECTOR	10.	al) ADD	,	00 1		REC'D BY REGIST	RAR 256 REG	GISTRAR'S SIG		

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely, that the establishment of the burial-transit permit. Then please remove carbonapaers. Page Chand 2 shall the state Dept. of Health and Mental Hygiene priar to burial, cremation, or remayed.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician. WPORTANT: If Hem 21 is marked or Hem 18 shaws any injury, ar other traumatic event,



BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

RD.

BALTO MD

6010 ™ REISTERSTOWN

15546n Jun	FOR 1 - STATE REGISTRAR	DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MEN CERTIFICATE OF DEA	(3)	13174
4 moy be , poge 3 after death	1. DECEASED NAME (TYPE OR PRINT) 3. SEX	HAEL AMODIE 4. RACE // hite	S. DATE OF BIRTH MONTH DAY	20. DATE OF DEATH MON	Y) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
other death.	78. BIRTHPLACE (STATE OR F COUNTRY) OHIO 10. CITY OR TOWN OF DEA	OREIGN 76 CITIZEN OF WHAT COU	12 12 7	CED [] DHL IIVIC	RECOUNTY MD.
TTEMP 2120	14 FATHER'S NAME	BALTO.	15. MOTHER'S MA	IDEN NAME	EST, APT. 1 #21208
IALTIMORE, Manager of the sweet	166 WAS DECEASED EVER	SLAV IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 1 (Enter only one couse per line for (a),	L SECURITY NO. 17 INFORMANT 5 POMON.	MR. SOL SLAVADPRESS A WEST BALTO., I	APT. 1 APT. 1 APT. 1 APT. 1 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
05, 201 W. PRESTON ST., 8 quives that the death certifical signed by the attending phy han please remove carbondo to burial, cremation, ar removing to burial, cremation, ar removing your, or other traumofic event	Canditions, if any, gove rise to imm couse (a), statin underlying cause PART 2 OTHER SIGN	DUE TO, OR AS A CON which dedicte g the DUE TO, OR AS A CON DUE TO, OR AS A CON	renger's Completing	laty & Ble	ON GIVEN IN PART I (a)
4 OF VITAL RECORDS ICIAN: The formers of physician certificate has been significant from inclination prior to them 18 shows any truly them. 18 shows any truly	190 DATE OF OPERAT	ERLYING 216. TIME OF INJURY	WHICH OPERATION WAS PERFORME		b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO I
DIVISION TENDING PHYS Intol or otherdir TOR: After this or use os the bu of use os the bu of Health and AM I is marked or a	saw the decease abave (we) (we)	ALLEXAMINER) P.M. P.M. 21e PLACE OF INJURY (AT HOME. STREET, FACTORY. (this hospital) otherwised the deceased	office, FARM, ETC.) 211. LOCATION STREET from 119 19 19 19 19 10 10 10 10 10	CITY OR TOWN To Solve the state of the date of the da	COUNTY STATE 19 . that (h (we) last and hour and from the causes stated
TO HOSPITAL OR AT retoined by the hosp TO FUNERAL DIRECT should be detoched for with the State Dept. of WHOMENTANT: If them "	176 PHYSK IAN'S NA	0 Soleffe	ATTER PHYS	NDING MEDICAL STAFF	lase Site 2a
Bb D fi b t ≥ x ₹ y	230. BURIAL, CREMATION, (SPECIFY) BURIAL	REMOVAL MAY 29,1987	23c. NAME OF CEMETERY OR CREM CHIZUK AMUNO	NATORY 23d LOCATION BALTIMORE	COUNMARYLAND

21215

THE THE LESS SLAVIN WHAT THE BY " PALTHOR RECEIVER. TOWNSON ST JUSEPHHUSPIAL 052468 1117

filled in by the funeral director, page 3 and be filed with the surs ofter death

executed within 24 hours after death. Page 4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIE

NE	8	REG. 1	٧٥.	3		1	A 60
o D	ATE O	DEATH	MONTH	DAY	YE AD	21 110	NIIO

	FOR STATE REGISTRAR	DEPAI	RTMENT OF HEALTH AND MEN CERTIFICATE OF DEA		8 7 _{REG. NO.}	13		15
	CEASED NAME FIRST	WIDDLE	LAST	20	DATE OF DEATH	ONTH DAY	YE AR 26	HOUR
11111	Joel	A .	Sligh		May 1, 1	987		М
3. SE	X	4. RACE	5. DATE OF BIRTH		AGE (IN YEARS LAST BIRTHE	DAY) IF UN		UNDER 24 HRS
1	Male	White	Jan. 31 19	14	73	YRS.	JATS H	MIN.
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	MARRIED 3 NEVER MARI	PIED D 9	BALTIMORE CITY OR	COUNTY OF D	EATH	
	South Caroli	na USA	WIDOWED DIVOR		Baltimor	e Cour	nty	MD.
	ITY OR TOWN OF DEATH ESSEX	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR 13 Clipper	SING HOME OR OTHER INSTITUT REET ADDRESS? Road		TO USUAL OCCUPATION TYPE OF WORK FOR MOST OF V		b. KIND OF B	BUSINESS OR
13a. S	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE BEI	OWN 134 INSIDE CITY L	IMITS?	e STREET ADDRESS / 2	ZIP CODE		
		Ito Feees	VEC [] NO	· **		er Ro	ad 21	221
14. FA	THER'S NAME		15. MOTHER'S MA		MIDDIE	.0.3		the the st.
	Maxy Cl	eveland Slig	gh Berti	е	Irene	Z	Apple	by
	VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SE			ADDRESS			
ı '	no	213-18	3-0605 Thelma	Lee	Sligh 13	Clippe	er Rd	•
NO	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSECT (b) DUE TO, OR AS A CONSECT (c) CONDITIONS CONTRIBUTING 1		THE TERMINA	al disease or condi	TION GIVEN IN	I PART Ita	
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFORME	D	20a AUTOPSY?	206 IF YES, WE IN CERTIFYING YES []	CAUSES OF	S USED F DEATH?
	210, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH	DAY YEAR	Y OCCURRED	(ENTER NATURE OF INJURY	IN ITEM 18 PART 1 (DR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI	21f. LOCATION STREET		CITY OR TOWN	ч с	OUNTY	STATE
		nital) attended the deceased fra	***		, ta			it (1) (we) last
	saw the deceased alive at abave, (I) (we) (did) (did no	at) view the bady after death.	, and that in (my) (aur) apınıan dec	th accurred an the date	and haur and	fram the cau	uses stated
	22b. SIGNATURE	'Muh	DEGREE ATTE	NDING SICIAN	MEDICAL STAFF DIRECTOR PHYSICIA		5/1	IST
	22d. PHYSICIAN'S NAME ITYPE	MILNOR	22e ADDRESS 4C4	0-01	en Bli	101/21	271)
	BURIAL, CREMATION, REMOVAL		3. NAME OF CEMETERY OR CREA	MATORY	23d. LOCATION	COL	INTY	STATE
	Burial	5/4/87	HollyHillCem					
24 FI	UNERAL DIRECTOR			250 DATER	EC'D BY REGISTRARI25	E REGISTRAD	SIGNATUR	F

DHMH - 16 60M 7/84

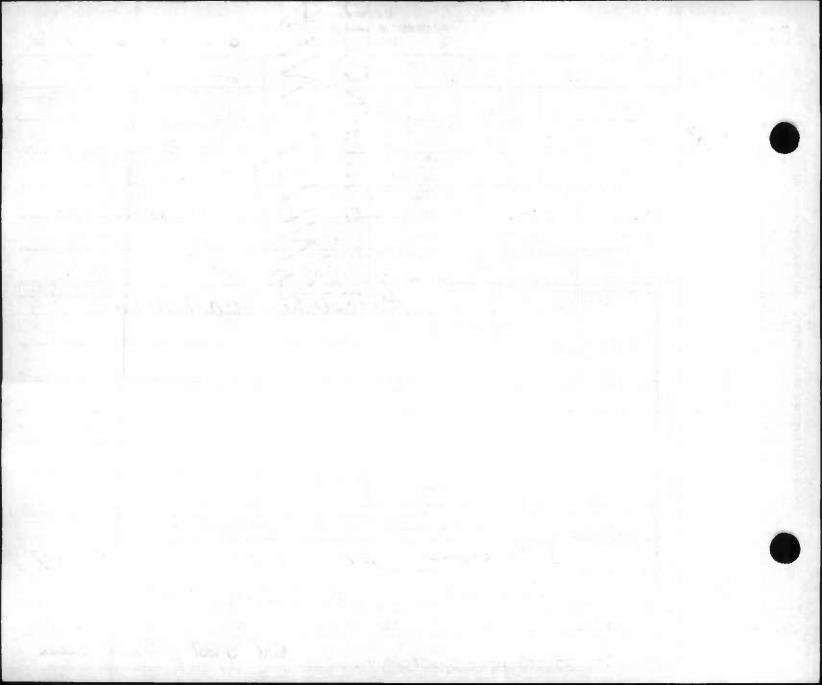
BP.

10 FUNERAL DIRECTOR. should be detached for use and the State Dept. of Nec. MPORTANT: If Nem 21 is

(VRA 15, 4)

Connelly Funeral Home 300MaceAve. 21221

Julia Deolder . Randala 5 1987 MAY



	1				STATE OF MARYLA	AND			
1075/98	1 -	FOR STATE REGISTRAR			ENT OF HEALTH AND A CERTIFICATE OF D		8 /	3	7 6
The state of the s	I DE	CEASED NAME FIRST		NDDLE	LAST		REG. NO.	DAY YEAR	26 HOUR
by be	(TYPE	20.00	ERT	E	SMITH	SK	5	26.87	8.55
r. pag	3. SE		4. RACE	.1.	5. DATE OF BIRTH	MEAD	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
Poge 4	1	1 '4 "	wr	11 16	10.01.	1899	87 YR		
death. Pe	(RTHPLACE (STATE OR FOREIGN		VHAT COUNTRY?	MARRIED NEVERA		BALTIMORE CITY OR COUNTY		W (TI)
1		aryland TY OR TOWN OF DEATH		OSPITAL, NURSING	HOME OR OTHER INST	VORCED	12a. USUAL OCCUPATION	12b. KIND C	OF BUSINESS OR
led th	-	Towson	SIF NOT IN SUCH	FACILITY, GIVE STREET AT		SITAL	Art Directo	IG LIFE) I INDUSTRY	
d be	USU/ 13a S	AL RESIDENCE (IF NURSING HOME C			DMISSION)	ITY LIMITS?	13. STREET ADDRESS / LED	boeRd.	2/204
	_	THER'S NAME	ulto	Towson	YES X	XXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX	XXXXXXX
19/12	17	FIRST	MIDDLE	LAST		FIRST	MIDDLE	Dia	151
\sim	160 V	Albert Wi	.lbur	Smith 166. SOCIAL SECUR		ina Ni 05	Virginia 13 PerroneBro	Dix	×
2)/			IVE WAR OR DATEST				onne Hallet,	2123	36
11		18. CAUSE OF DEATH (Enter of				0	000		XIMATE INTERVAL I ONSET AND DEATH
1000		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (a)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Flout	e Ken	al tailune		
dina or re		WWWEDT		AS A CONSEQUEN	ICE OF	1			
poten, tion,		Canditians, if any, which	(b)		u	man	1 SRDSIS		
remo remo		gave rise to immediate cause (a), stating the	DUE TO, OR	AS A CONSEQUEN	NCE OF	. 0	4	4	
lease ool, ci		underlying cause last.	((c)		Jen	il.	Dement	4	
hen p to bur jury.	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO DE	EATH BUT NOT RELATED	TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1	la,
prior I	CERTIFICATION	190 DATE OF OPERATION	19b. CONDIT	ION FOR WHICH C	PERATION WAS PERFO	RMED		YES, WERE FINDI	
t per	TIFIC						YES NO	RTIFYING CAUSES YES	S OF DEATH?
burial-transi Mental Hyg or Item 18 46	CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		INJURY A. MONTH DAY	21c HOW IN	JÜRY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
riol-triol-triol	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN	CHILL STATE OF THE		19				
	NED.	21d. INJURY OCCURRED	21e. PLACE C	OF INJURY EET, FACTORY, OFFICE, FAI	211 LOCATIO	N	CITY OR TOWN	COUNTY	STATE
os the lith and larked a	-	AT WORK NOT WHILE							
Heal Teal		220 I certify that (I) (this has	44 41	deceased from	MAY 24	. 19 87	_ to MAY OL		, that (we) last
of of of or	18	saw the deceased alive a abave, (1) (we) (did) (did)	in MAY	360 19 8	, and that in (pry)	(aur) apinian o	death accurred on the date and		
L DIRE		226. SIGNATURE	15-5	PHENN	DEGREE A	TTENDING _	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	- 26-87
by the De define State State		22d PHYSICIAN'S NAME (TYPE	OR PRINT!		22e ADDRES		DIRECTOR PHISICIAND		
TO FUNERAL should be determined by the Store IMPORTANT:		Adal	S. E	L-Henr	lawn		574-		
5 4 3 X		BURIAL, CREMATION, REMOVA			AME OF CEMETERY OR C	CREMATORY	23d. LOCATION		
P		Burial	May29.	1987 Mo	reland Men	m. Pk.	Parkville,	Balto.	, Md.
IMH - 16 60M 7/84	ŘČ	BERTHE COR ALTE					REC'D. BY REGISTRAR 255 REC		
(VRA 15, 4)	60	09 Harford F	d., Bal	to. Md	. 21214	IMP	11 90 1201 2 9	500	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

ALBERT E SMITH 3E O 26 V 18 18 PERSONAL PROPERTY OF THE PROPE TUWERL ST. SUSEPH HISLORE

filled in by the funeral director, page 3 gold be filed within 72 hours after death

STATE OF MARYLAND 054338 11

ı	1 STATE REGISTRAR			DEPART		ICATE OF DEATH	8 /	. NO.	3 1	77
	1. DECEASED NAME (TYPE OR PRINT)	rank	G.	SI	mith	AST	20 DATE OF DEATH	y 18, 198	7 YEAR	26. HOUR
Ī	3. SEX Male	4. F	RACE Whit	е	S. DATE C	ch 9, 1894	6. AGE (IN YEARS LAST	MONT	DER I YEAR	IF UNDER 24 HRS HOURS MIN.
ł	76. BIRTHPLACE (STATE OR FO	OREIGN 76.	U.S.	WHAT COUNTRY?	8.	D NEVER MARRIED	Baltimore city	Y OR COUNTY OF I	DEATH	MD.
	Reisterstp		IF NOT INSUCE	HOSPITAL, NURSIN HEACHTY, GIVE STREET Stocksda.	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUP (TYPE OF WORK FOR MO Machini	ST OF WORKING LIFE) IN	NDUSTRY .	of Business or ican Can
	Md.	ng home or oth 13b COUNTY Balto		13c CITY OR TOW Reister	'N	13d. INSIDE CITY LIMITS? YES NO		ss / ZIP CODE ksdale Av	e. 2	21136
	14 FATHER'S NAME FIRST John	MIDI		Smith		15. MOTHER'S MAIDEN NA Bertha	WIDDI	A	shmar	n
	160 WAS DECEASED EVER (YES, NO OR UNKNOWN) NO	(IF YES, GIVE W		216-03-2		Rosalia I. I	Hodge Reis	tbcksdale terstown,	Md.	MATE INTERVAL
	Conditions, if ony, gove rise to imm cause (a), stating underlying cause PART 2. OTHER SIGN	ediate g the last	(c)	R AS A CONSEQUE	DEATH BUT	NOT RELATED TO THE TERM			740	
1	190 DATE OF OPERAT	ERLYING	21b. TIME OI	F INJURY		21c. HOW INJURY OCCURI	200 AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFYING YES NJURY IN ITEM 18, PART I	G CAUSES	
	OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WH AT WORK NOT WH	ED	P.A 21e PLACE C		19	211 LOCATION STREET	CITY OF	RTOWN	COUNTY	STATE
	220. I certify that (1) saw the decease obgye, (1) (we) (d	(the loopital) of dolive on id) (day not) vi	iew the body	ofter death. 19 E	193	1190 HEIST	MEDICAL STORES	TAFF		
	230. BURIAL, CREMATION, I	REMOVAL	236. DATE May 21			EMETERY OF CREMATORY hedral Cemete	23d LOCATION CITY OF TOWN	-	YTMU	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then plear with the State Dept. of Health and Mental Hygiene prior ta burial, TO FUNERAL DIRECTOR: After this certificate has been TO HOSPITAL OR ATTENDING PHYSICIAN The low

IMPORTANT: If Item 21 is marked or

24 FUNERAL DIRECTOR Owings Mills, Md.

21,1987 New Cathedral Cemetery Baltimore, Md.

250 DATE REC'D. BY REGISTRAR' 250 REGISTRAR'S SIGNATURE

WAY 20 887

in the right of the statement of the sta

FOR STATE REGISTRAR 1. DECEASED NAME

CTATE OF MARYLAND

STATE OF MAKILAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

EATH	8 / _{REG. NO.}	3	1	1	8	
	20. DATE OF DEATH MONTH	DAY 3-4	YEAR	2b. HO	JR 255	-
	6 AGE (IN YEARS LAST BIRTHOAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS	
YEAR	75 YRS.	MONTHS	DAYS	HOURS	MIN.	
ARRIED -	9 BALTIMORE CITY OR COUNT	Y OF DE	ATH			

(TYPE OR PRINT)	tazel B. S	mith				5/7/87	1	3.4	10	25
3. SEX Female	4 RACE	casian	S. DATE C		EAR	6 AGE (IN YEARS LAST BIRT	_	FUNDER I YEAR	IF UNDER	R 24 HRS
76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S.Z		MARRIE WIDO WE		ED 🗌	9 BALTIMORE CITY O				м
Randallstown	Baltim	the County (ADDRESS)	DR OTHER INSTITUTION TO THE PROPERTY OF THE PR	ON	12a USUAL OCCUPATK (TYPE OF WORK FOR MOST OF Operator			r busini Telepi	
J30. STATE 136 COU	UNTY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimore	N	13d. INSIDE CITY LIA		13e.STREET ADDRESS / 3401 Essex		2	1207	
FATHER'S NAME FIRST Alvin C. Crisp	WIDDLE	LAST		15 MOTHER'S MAII		WIDDLE		LA	ST	
160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, C)	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU 218-01-(771 211 S		Ellen R. Chang		a Maryl	and 21	1122
18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	only one couse per SED BY: ATE CAUSE (a)	CARQUE	dicio	of lan	76	will METS	ASTROS	BETWEEN TO BOX	ONSET AND	RVAI) DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last	(b)	R AS A CONSEQUE								
PART 2 OTHER SIGNIFICANT STATUS - P	_					INAL DISEASE OR COND				nie

196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT

ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER

P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

220.1 certify that (I) (this hospital) attended the deceased from sow the deceased alive or and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death

22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING

MEDICAL STAFF
DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS

GRIANDO CENANTO 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION

Woodlawn (SPECIFY) 5/12/87 Woodlawn Cemetery Burial

Maryland

24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc

8728 Liberty Road Randallstown Maryland 21133

DHMH - 16 60M 7/84 (VRA 15, 4)

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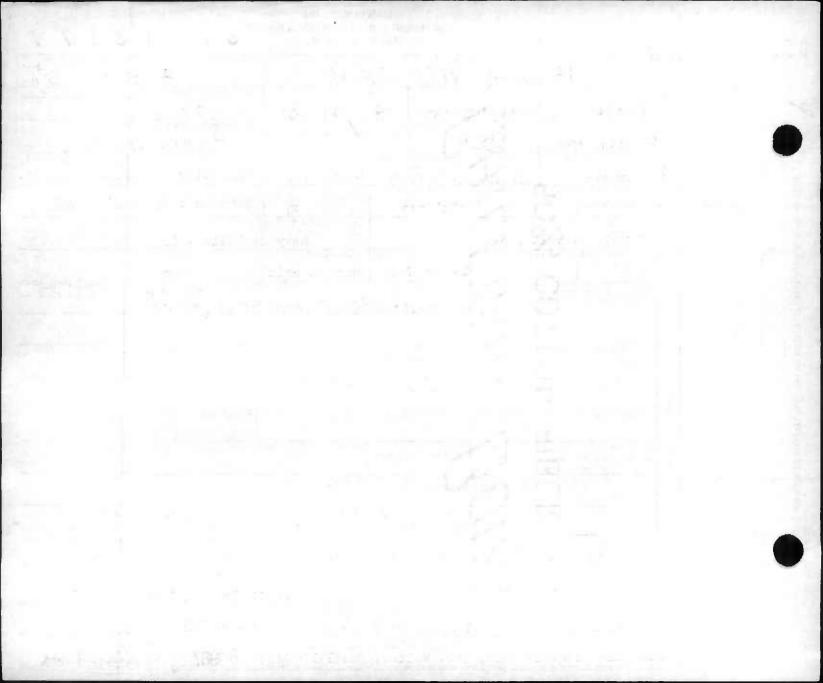
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eoth 3		EASED NAME FIR	to ward	"MELVIN	S	กำหา	2ª DATE OF DEATH	MONTH DA		26 HOUR 530
rs offer d	3. SEX	male	4. RACE	asian	5. DATE (DAY YEAR	6. AGE (IN YEARS LAST BI		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
nerol dire	a. Bil	THPLACE (STATE OR FOREICE CHINTRY)	76. CITIZEN OF	SA	_	D NEVER MARRIED	9. BALTIMORE CITY O		_1	JEAL ME
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old b	Ma	ryland	OME OR OTHER INSTITUTION COUNTY	13 CITY OR TOV Baltimos	VN	136. INSIDE CITY LIMITS?	130 STREET-ADDRESS	/ ZIP.CODE Ridge	Rd.	21210
Som of the	1	Dorsey R. S					Isabelle Wo		LAS	ST
physicion and control		(AS DECEASED EVER IN U ES, NO OR UNKNOWN) (IF	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	212-03-6		Mary B. Smit	h Sa	ime		IMATE INTERVAL ONSET AND DEATH
igned by the ottendin en pleose remove corb buriol, cremation, or ury, or other traumotic	7	underlying couse lo	ich (b)_ote hhe ost. (c)	OR AS A CONSEQUE OR AS A CONSEQUE CONTRIBUTING TO	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN	IN PART 10	a.
te hos been s nsit permit. Thi ignene prior to shows any inju	CERTIFICATION	190. DATE OF OPERATION	19b. CONI	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYII YES	NG CAUSES	NGS USED S OF DEATH?
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ched for us ched for us Dept of He Item 21 is		22a.1 certify that (I) (this saw the deceased of above, (I) (worlded) (22b. SIGNATUSE	ive on 4 -	30 19	87	DEGREE ATTENDING	deoth occurred on the d	FF .		
should be deto with the Stote I	73a P	224 PHYSICIAN'S NAME Carla URIAL, CREMATION, REM	S. Alexan		NAME OF	22e ADDRESS Stel	la Maris Ho Valley Rd.	spice	, MD	1 1 1 1 1
	(Burial NERAL DIRECTOR		2,1987	Drui	d Ridge	Pikesvill E REC'D. BY REGISTRAF	e, Balt	COUNTY	STATE Md.

Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

DHMH - 16 60M 7/84 (VRA 15, 4)



requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital ar attending physician.

FOR STATE

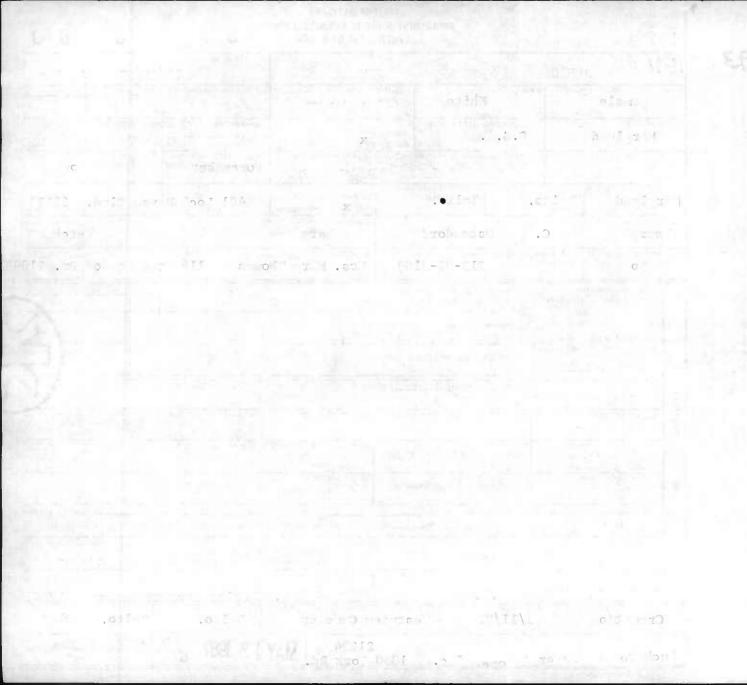
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 7 REG. N	١٥.	1	3	1	8	0
ATE OF DEATH	MONTH	DAY	YEAR		2b. HOUR	Ÿ

REGISTRAR			CEKITE	ICAIE OF DEATH	REG. N	10.	0 1	0 0
DECEASED NAME	FIRST	WIDDLE	ł.	AST	20 DATE OF DEATH	MONTH DA		2b. HOUR
A	GNES	MARGARET	S	NYDER		05/09/		12:10a M
Female Female	4 RACE	White	5. DATE C		6 AGE (IN YEARS LAST BI		FUNDER I YEAR	HOURS MIN.
o BIRTHPLACE (STATE OR FO	76. CITIZEN C	F WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	BALTIMORE CITY O			MD.
TOWSON	GREAT	ER BALT IM	NG HOME C TADDRESS) ORE ME	DICAL CENTER	170 USUAL OCCUPAT	ION OF WORKING LIFE)	12b. KIND O INDUSTRY	Home
usual residence (if nursi) Be State Maryland	G HOME OR OTHER INSTITUTION	BATY OF TOV		13d. INSIDE CITY LIMITS? YES 🗶 NO 🗌	130 STOFF ADDRESS	ń ^z Raver	n Blvd.	. 21239
Henry Henry	C,iddre	Ostendörf		15. MOTHER'S MAIDEN NAM	WE		ing	Fetch
(YES, NONBUNKNOWN)	U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES)			Mrs. Mary Th	nomas 11		nmeador	w Dr. 210
Canditions, if any, gove rise to imm couse (a), stating underlying couse	MMEDIATE CAUSE (0), DUE TO, which (b), ediate the DUE TO.	OR AS A CONSEQU	ROSCLE					
	FICANT CONDITIONS EMBOLI, P		DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVE	N IN PART 11	o
PULMONARY 190. DATE OF OPERAT 210. ACCIDENT WAS UNDIT			H OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES X NO		WERE FINDING CAUSES	
210. ACCIDENT WAS UNDION OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CON	AUSE OF DEATH AL EXAMINER) 21e PLAC	OF INJURY A.M. MONTH D P.M. E OF INJURY STREET, FACTORY, OFFICE,	19	216. HOW INJURY OCCURR 216 LOCATION STREET	RED (ENTER NATURE OF INJU		COUNTY	STATE
	this haspital) attended d alive an d) (did not) view the bo			, 19, 19	, ta death accurred on the d			that (I) (we) last causes stated
22b. SIGNATURE	1 Well			DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	SIGNED 9/87
	WALTERS, M			22e ADDRESS GBMC 6701 N.		reet;	Towson	21204
Oremation	5/11/	/87 ²³ c		ew Cemetery	Balltown	Ве	alto.	Md STATE
Ruck Towson	Funeral Ho	ADDRESS Inc.	1050	21204 NA	FREC D BY RECISERAR 1 1 3 1987	16. REGISTO	ARIS SIGNA	URE

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical



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C O G G T L IMI	91	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
noy be page 3	(1177	HELEI	V C.	SOLLERS	5	12 1873:20PM
mo)	3. SE	х	4. RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
of other		FEMALE	CAUC	Dec. 10 1913	73 YRS	
A to 12 to to		RTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OF COUNT	COUNTY MD.
	10. C	TOWSON	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE GBMC-670	URSING HOME OR OTHER INSTITUTION STREET ADDRESS! 1 N. CHARLES ST.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) Homemaker	LIFE) 126. KIND OF BUSINESS OR INDUSTRY Own Home
BALTIMORE, MARYLAND 21201 care be exercified within 24 factors and completely filled in by appert. Pages Cand 2 trapial be fill to red.	130	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN Aryland		R TOWN 138 INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP COR 934 E. Lake	Ave. 21212
		ATHER'S NAME		15. MOTHER'S MAIDEN NA	AME	
MAR de la constant		Alexander P	. Conradt	Laura	Jane	McKinley
Prop Prop Prop Prop Prop Prop Prop Prop		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO. 17 INFORMANT	ADDRESS	
OWIL TO SEE SEE	1	No		7-8312 Basil D. S	Sollers Same	
국 등학문을		18 CAUSE OF DEATH (Enter on PART). DEATH WAS CAUSE!		IORESPIRATORY ARR	EST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON ST art the death cert by the attending is seremation, as re- cremation, as re-		Conditions, if ony, which	DUE TO, OR AS A CON	ROINTESTINAL HEMO	RRHAGE	
		gove rise to immediate couse (a), stating the underlying couse last	3	STATIC PANCREATIC		14
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A Re lo on.	Ì₩	4/29/87	OBSTR	UCTIVE JAUNDICE	- 3/	IFYING CAUSES OF DEATH?
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VISION O G PHYSIC offending er this cert er this cert ond Ment ked or the	MEDICAL	21d INJURY OCCURRED while Not while At work	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
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ATTE Ospite CCTC d for f. of m 21	l	sow the deceased alive an above, (I) (we) (did) (ew the body ofter death	and the time to th	death accurred on the date and ha	
TAL OR A Y the hosp RAL DIREC detached forte Dept.		Purelick	X	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5/12/87
HOSPITAL ned by th FUNERAL uld be dete	1	774 PHYSICIAN'S NAME (1981)		22e ADDRESS		
TO HOSPITAL TO FUNERAL should be deter with the Store		PETER G. W	ALLICK, M.D.		1 N. CHARLES S	ST.
7 5 ± 2 ₹	23 a.	BURIAL, CREMATION, REMOVAL		230 NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BP		Burial	5-15-87	Middleham Chapel		Calvert Md.
DHMH - 16 60M 7/84		UNERAL DIRECTOR		4905 York Rd 250 DA	AY 1 5 1987 ALL	STE RESIGNATURE
(VRA 15, 4)	ഥ	enry W. Jenki	ns & Sons C	o.,Balto.,Md.		

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH

	IENE 8	REG. NO.	1	3	1	8	2
	20. DATE OF	DEATH MO		78°	YEAR	2b HOL	JR A
1	6. AGE INY	RS LAST BIRTYID	AY)	IF UNDER	RIYEAR	IF UNDER	24 HRS
	84	•	YRS	MONTHS	DAYS	HOURS	MIN.
1	O DALTIMO	E CITY OF	COLINITY	OFFE	ATM		

REGISTRAR LAST DECEASED NAME OF PRINT RACE 5 DATE OF BIRTH 5 IL FIRTHPLACE (STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED 7 DIVORCED NAME OF HOSPITAL NURSING HOME OCCUPATION USUAL RESIDENCE (IF NURSING HOME 13e.STREET ADDRESS / ZIP CODE 9/3 THE CITY OF BOWN 13d. INSIDE CITY LIMITS?. 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME 1,661 MIDDLE to AVAS DECEASED EVER U.S. ARMED FORCES? 186 SOCIAL SECURITY NO 17. INFORMANT ADDRESS DESMO OF UNINOWING (IN YES, GOT WAR DEBATES) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION STREET CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK NOT WHILE 220 I certify that (1) (this hospital) attemded the deceased from. , and that in (my) (our) opinion death accorred on the date and hour and from the causes stated DEGREE

PHYSICIAN'S NAME (TYPE OF PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DAH

22e ADDRESS

ATTENDING

PHYSICIAN

STAFF DIRECTOR PHYSICIAN

22c, DATE SIGNED

NO |

STATE

that (I) (we) lost

17h KIND OF BUSINESS OR

LAST

INDUSTRY.

DHMH - 16 60M 7/84 (VRA 15, 4)

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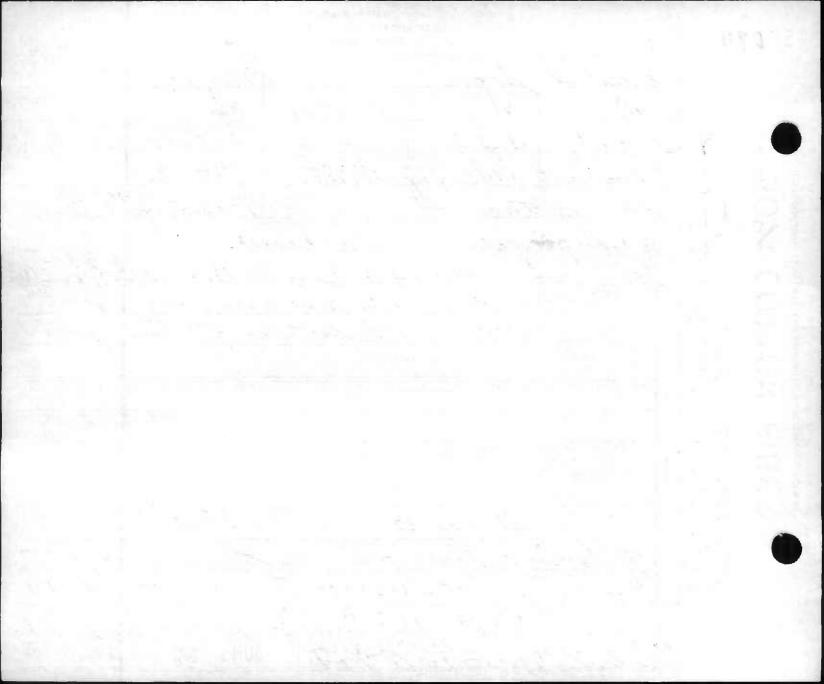
FOR

- STATE

MEDICAL

COUNTY

250. DATE REC'D. BY REGISTEAR



by the feneral director, page 3 stred within 72 hours after death

STATE OF M'ARYLAND

DED ADTMENT OF HEALTH AND MENTAL HYCIENE

8	REG. N	10.	-	3	1	8	
TEOE	DEATH	MONTH	-	DAY	VEAD	Tax 1100	ID.

	- STATE REGISTRAR	DEPAI		TH AND MENTAL HYGI TE OF DEATH	ENE 8	REG. NO.	1	3	-	8	S
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3. SEX	Х	4. RACE	5. DATE OF BI		DAY)	IF UNDER		IF UNDER 2	24 H		
1	Female	White	March	15, 1909	78		YRS.	MUNIHS	DATS	HOURS	***
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR	Y? 8.	NEVER MARRIED	9. BALTIMOR	CITY OR		Y OF DEA	TH		
_	ennsylvania	U.S.A.	WIDOWED TO		Balti	nore (Count	ty			
3	TOWSON	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR Baltimo	REET ADDRESS)		17a USUAL O	OR MOST OF V	VORKING LI	FE) INDU	STRY	BUSINE:	
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16a V	WAS DECEASED EVER IN U.S. AR			INFORMANT		ADDRES	5			1234	1
		WAR OR GATES		Ernest Spe	ncar	TTT :	2112	C1,	2 200	LZ34	H k
	underlying cause last							1			
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DHMH - 16 60M 7/84 (VRA 15, 4)

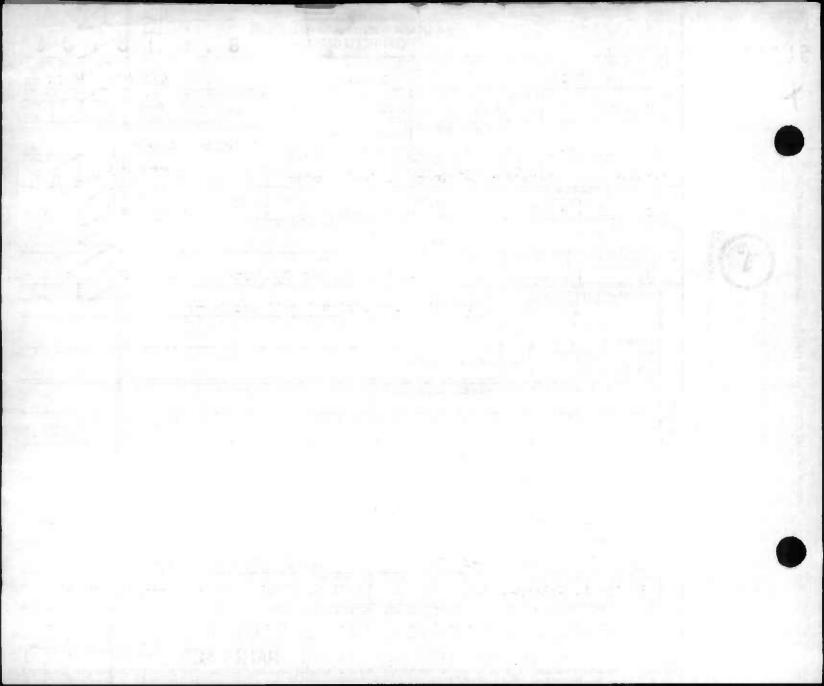
BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remave earbon with the State Dept. of Health and Mental Hygiene prior to burial, cremation, extending the state Dept. of Health and Mental Hygiene prior to burial,

24 FUNERAL DIRECTOR
WILLIAM F

LOCH RAVEN BLVD Ε. JOHNSON8521

MAY 2 1 1987 Julia Designatur Conde



		1	1-	FOR STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	IENE 8	REG. NO.	1	3	8 4
) pe	page 3	JUN		CEASED NAME FIRST	N	WIDDLE	5	Dinoso	20 DATE OF	DEATH M	ONTH D	1 87	26 HOUR :
ge 4 may	ofter		3. SE.	nale	4. RACE	hitE	5 DATE O		68	EARS LAST BIRTH	YRS.	IF UNDER I YEAR	IF UNDER 24 HRS
death. Pa	neral direct	69	7o. BI	OUNTRY) EN YOR	LA CITIZEN OF	WHAT COUNTRY? D STATES	8. MARRIED WIDOWEI	DEVER MARRIED D	BALTIMO	recity or tino	COUNTY	Court	44 MD
3	by the fu	38	10. C	4/timone		HOSPITAL, NURSIN CHEACILITY, GIVE STREET		ROTHER INSTITUTION	12a. USUAL C	OCCUPATIO K FOR MOST OF V		12b. KIND C INDUSTRY Owne	F BUSINESS OR
within 24 hav	filled in	15 mg			OUNTY	131. CITY OR TOW		13d. INSIDE CITY LIMITS? YES NO	13.STREET /	ADDRESS /	ZIP CODE	IE RO	12/23
oted within	mpletely and 2 st	232	14. FA	THER'S NAME FIRST Vincent	Spinoso	LAST		15. MOTHER'S MAIDEN NAME FIRST Mar		WIDDLE		LAS	ST.
be execut	3		16a V	(AS DECEASED EVER IN U.S ES, NO OR UNKNOWN) (IF YE	ARMED FORCES? S. GIVE WAR OR DATES)	213-01-1		17 INFORMANT Vincent M.Spi			anara	m Rd.#	
requires that the death certificate	by the attendate remave co	cremation, or reno		Conditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, C DUE TO, C DUE TO, C DUE TO, C C DUE TO, C	Respu PRAS A CONSEQUE DRAS A CONSEQUE	nce of	ry failure cancinoma	- 5/0	mac	2.		WATE INTERVAL OMSET AND DEATH
30	been si	prior to bur any injury,	CERTIFICATION	PART 2 OTHER SIGNIFICA				NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTO		20b. IF YES, IN CERTIFY	, WERE FINDIN	NGS USED OF DEATH?
ATTENDING PHYSICIAN: The	tending physicic this certificate he burial-transit		MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHILE NOT WHILE	AINER) HOUR A		19	21c. HOW INJURY OCCURE 211. LOCATION STREET			IN ITEM 18 PA	COUNTY	NO SIATE
S.	DIRECTOR: Af	Dept. of Health f Hem 21 is mar		22e.1 certify that (I) (this has the deceased alivabove, (I) (we) (did) (did) 22b. SIGNATURE	e on 5 -	3/ 19	1	d that in (my) (aur) apinion of DEGREE	Z, tadeath accurre	5 - staff	e and hour	and Iram the	SIGNED
	e d	MPORTANT:		22d PHYSICIAN'S NAME (1	YPE OR PRINT)	LEK		PHYSICIAN [DIRECTOR	□ PHYSICIA	IN W	5-3	7-87

DHMH - 16 60M 7/84

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL Burial

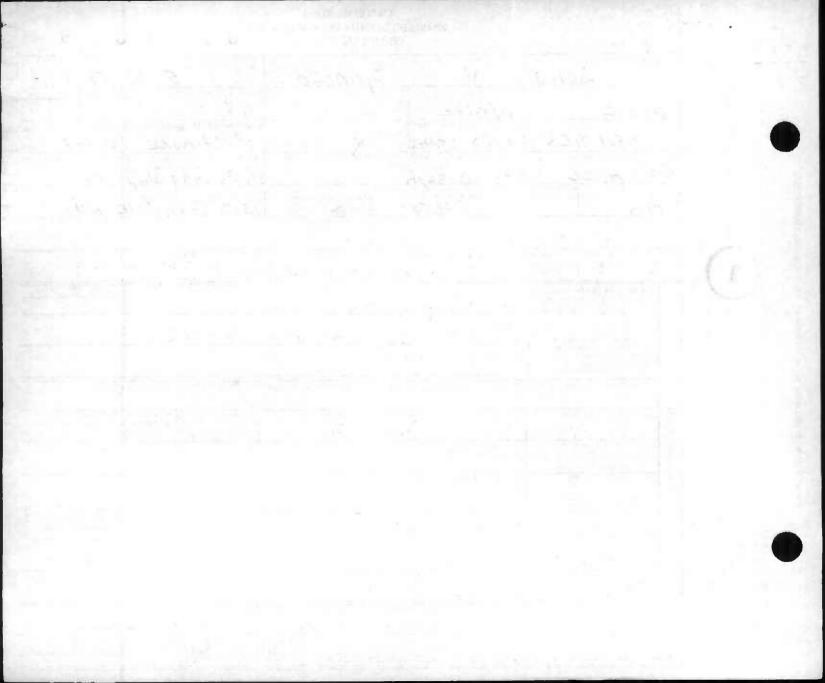
230 NAME OF CEMETERY OR CREMATORY Holy REdeemer Cem.

23d LOCATION Baltimore, Maryland

24 FUNERAL DIRECTOR John C. Miller, Inc.-6415 Belair Road-21206

6-3-87

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE
JUN 2 1987 Lia Devideon Rendale JUN 2



requires that the depth certificate

ATTENDING PHYSICIAN: The low

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	1	3	Ž.	8	
REG. NO.		- 11		-75	

1	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	0.		1
Ī	DECEASED NAME (TYPE OR PRINT)			RINKEL	20 DATE OF DEATH	5 4	YEAR 87	26 HOUR
	Female	4 RACE White	5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF U	INDER I YEAR	HOURS MIN.
	Balto. City	US	I AN IDO ANE	DIVORCED [imore Co	0.	MD
	Randalls town	Batto.	OSPITAL, NURSING HOME C		TYPE OF WOMEN COLUPATI		INDUSTRY	OF BUSINESS OR
	HOUAL RESIDENCE (IF NURSING HOME OF 130. STATE Md.		OWINGS Mills	13d INSIDE CITY LIMITS? YES NO.	13107070Spr	í říkeg ^{DE} La	ane 2	1117
	4. FATHER'S NAME FIRST Frank	MIDDLE	Younger	Katie	B.		omans	51
I	(YES NO OR UNKNOWN) (IF YES, GIV	MED FORCES?	16b SOCIAL SECURITY NO. 220-46-0530	Mrs. Ann G. H	Hall Baltin	nore, Mo	d. 21	234
	18 CAUSE OF DEATH IEnter or PART I. DEATH WAS CAUSE		ine far (a), (b), and (c)	ATIC CA.			APPROX BETWEEN	IMATÉ INTERVAL ONSET AND DEATH
	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	(b)	AS A CONSEQUENCE OF	RIAL FIBRI			IN PART 1	a
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDIT	ION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WIN CERTIFYIN		
	OR CONTRIBUTING CAUSE OF DE- (IF EITHER NOTIFY MEDICAL EXAMINE) 218 INJURY OCCURRED WHILE NOT WHILE	P.N 21e PLACE C	A. MONTH DAY YEAR A. 19	216 HOW INJURY OCCURE 216 LOCATION STREET	RED (ENTER NATURE OF INJUIL		(OUNTY	STATE
	22a.1 certify that (1) (this hosp sow the deceased alive or obave, (1) (we) (did) (did no 22b. SIGNATURE	at) view the body of	ifter death.	nd that in (my) (aur) apinion of DEGREE ATTENDING PHYSICIAN	deoth occurred on the do	FF /	1 22c, DATE	
	20 PHYSICIAN'S NAME (TYPE OF	is Gov.	MOA RAD TO	BACT		SINL	t) as p	TAC
	230 BURIAL, CREMATION, REMOVAL	May 7	,1987 St. TI	nomas Cemetery	y Owings	Mills	ouMd.	STATE

IMPORTANT: If them 21 is

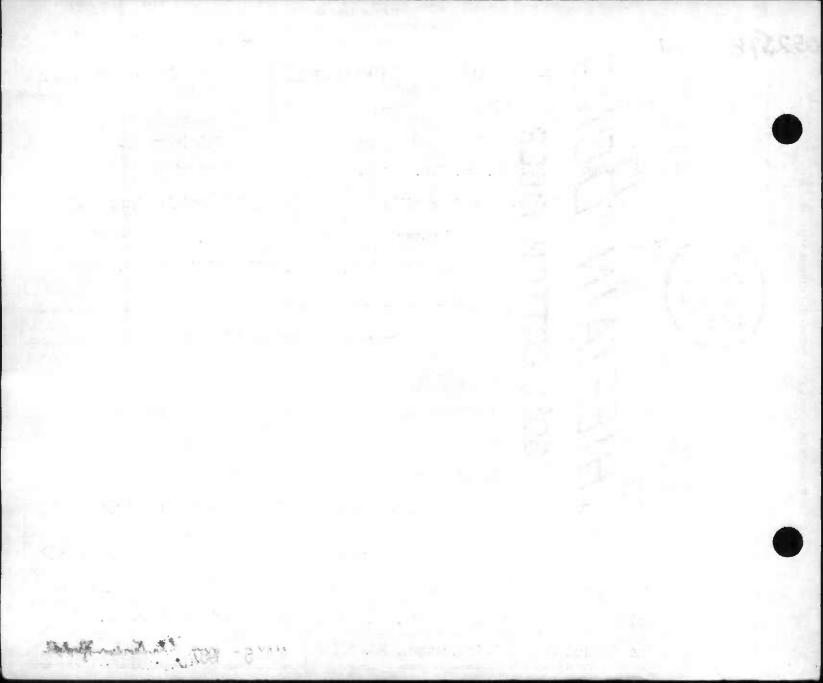
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached far use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal.

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR
Eline Funeral Home

Reisterstown, Md. 21136

250. DATE REC'D. BY REGISTRAR 256 REGISTE R'S SIGNATUR MAY 5 - 1987



053922

compretely filled in by the funeral director, page 3 is and 2 should be filed within 72 hours after death

T - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.	8 0
1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR	26 HOUR
RONALD Sherden STABLES MAY 7, 1987	3:55 am
3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYE	AR IF UNDER 24 HRS
MALE WHITE JANUARY 10, 1936 51 YRS. MONTHS DAY	S HOURS MIN.
Th BIRTHPLACE ISLATE OR FOREIGN 126 CITIZEN OF WHAT COUNTRY? 8 9 BALTIMORE CITY OR COUNTY OF DEATH	
West Virginia U.S.A. WIDOWED DIVORCED BALTIMORE COUNTY	MD.
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 126 KIND	OF BUSINESS OR
FORT HOWARD VAMC, FORT HOWARD, MARYLAND 21052 Truck Driver Cor	struction
LAGUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	D 01 ac 01 c
136. STATE 136. COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS / ZIP CODE 137. CITY OR TOWN 138. INSIDE CITY LIMITS? 138. STREET ADDRESS / ZIP CODE 138. STREET ADDRESS / ZIP CODE 138. STREET ADDRESS / ZIP CODE	133
MARILAND DALITMORE RANDALLSTOWN TES NO DE 3004 TERRA CIRCLE 21	133
FIRST MIDDLE LAST FIRST MIDDLE	art
William Henry Stables Georgie Kate Hu 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	TT 0
[YES, NO OR UNKNOWN] (IF YES, GIVE WAR OR DATES)	Md -
I ADDIO	
PART I DEATH WAS CAUSED BY	DXIMATE INTERVAL N ONSET AND DEATH
IMMEDIATE CAUSE (O) ALCOHOLIC LIVER DISEASE	
DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if ony, which (b) JAUNDICE SECOND TO ABOVE	
gave rise to immediate couse Io), stating the DUETO, OR AS A CONSEQUENCE OF	
underlying couse lost. (c)	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART	lio
196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINI IN CERTIFYING CAUS YES NO 207. NO	
190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINI	
YES NO YES	NO 🗌
210. ACCIDENT WAS UNDERLYING TO THE OF INJURY 10 PART TORPART 7)
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	
21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION	STATE
WHILE NOT WHILE AT WORK AT WORK AT WORK	
220.1 certify that (I) (this haspital) attended the deceased from 4/21 19 87, to 5/7 19 87	, that (I) (we) last
sow the deceased alive on 5/7 19 87, and that in (my) (our) opinion death accurred on the date and hour and from the	ne couses stated
obove, (I) (we) (did) (did not) view the body ofter deoth. 226. SIGNATURE DEGREE 226. DA	TE SIGNED
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 5-	7-87
FILISICIAN LI DIRECTOR LI FILISICIAN LA	1-01
22d. PHYSICIAN'S NAME (TYPE OR PRINT) 4 22e. ADDRESS	
	2
22d. PHYSICIAN'S NAME (179E OR PETAL) BALA S. DUGGIRALA, M.D. VAMC, FORT HOWARD, MARYLAND 2105 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION	2

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumatic event, the medical TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

Gladden Kurtz

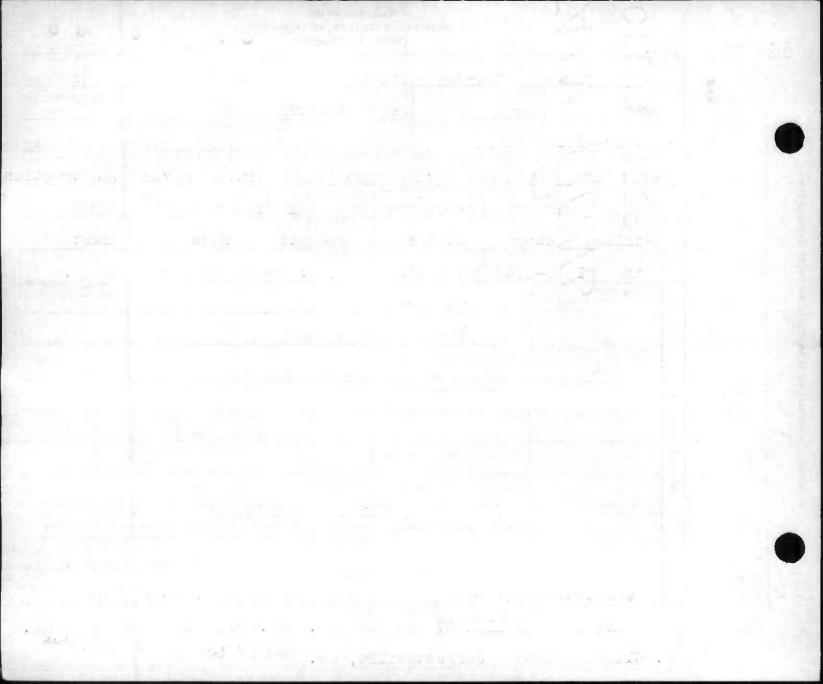
24 FUNERAL DIRECTOR

Jarrettsville, Md.

Gar. Bel Air Harford M

250. DATE REC'D BY REGISTRAR 25W. REGISTRAR 3 SIGNAPRE LANGE MAY 13 1987

Md.



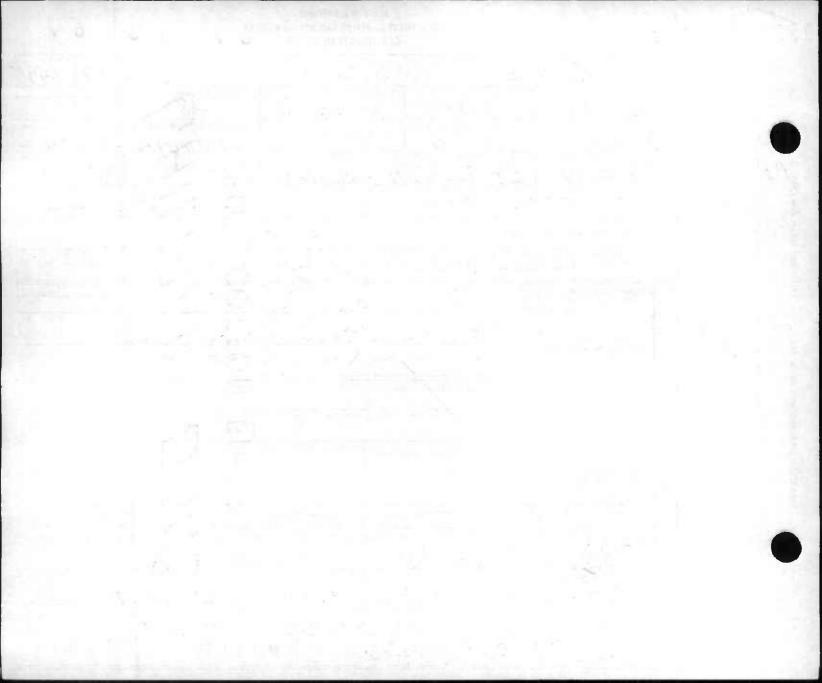
FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE, CERTIFICATE OF DEATH Ö

3 8 REG. NO.

by be age 3 death		OR PRINT) ROSA	LIE	5	TEELE	20 DATE OF DEATH MONTH	10 87	1.49 A
ge 4 may ectar, pag irs after d	3. SE		white	S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY) 48 YR	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HR5 HOURS MIN.
death. Po	N	Aryland	USA.	WIDOWE	D DIVORCED	BALTIMORE CITY OR COUR	2 Coun	Ity MO.
by the		Towson	11. NAME OF HOSPITAL, NURSIN US NOTAN SUCH EACHTY, GIVE STREET OS G OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADDRESS)	HOSPITAL	AC COUNTAINT	IZE KIND O INDUSTRY UE P T	Store Store
in 24 ho should be	130. 5	TATE Y LANGE THER'S NAME			13d. INSIDE CITY LIMITS? YES NO XX 15. MOTHER'S MAIDEN NA	3018 Fifth A		12 34
on Pleter		Peter James Sar			Carmel1	a Dĩ Nenna	LAS	
on and c		/AS DECEASED EVER IN U.S. ARA LES, NO REUNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU WAR OR DATES) 215 - 34 - 5		Carl Steele	3018 Fifth Aver	Baltimor nue 212	
rificate l		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	1 63 6 ×	dien /	Tera Arr	188	BETWEEN	IMATE INTERVAL ONSET AND DEATH
that the death ce as the attendance of tremation or other transmitter		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUI	Dale	Chronic C	Obstruction 1300	2	
n vgnm Than pl	NO	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 10	3.
ion. in has bee it permit. iene prio	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		YES, WERE FINDIN RTIFYING CAUSES YES []	
SICIAN: 19 physic certificate rial-trans ental Hyge tem 18		2] (I. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH D.	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM	IS PART T OR PART 2}	
ottendir ottendir her this hand M hand M	MEDICAL	21d. INJURY OCCURRED WHILE ONOT WHILE OF WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC)	21f. LOCATION STREET	CITY OR FOWN	COUNTY	STATE
ATTENDIF		saw the deceased alive on above, (ii, (wit) (did) (did not	al) attended the deceased from	, ar		, ta death accurred on the date and	hour and from the	
by the hore ERAL DIRE detached State Dept		SIP SIGNATURE	Willard.	4.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	SIGNED
TO HOSPITAL etoined by the TO FUNERAL should be deto with the Stote MAPORTANT:		22d. PHYSICIAN GHAME (TIPEDA	D. Khahi	5	St Joseph	Hospital Tows	son MD	
BP		URIAL, CREMATION, REMOVAL SPECIFY) Burial			emetery of crematory od Cemetery	23d. LOCATION CITY OR TOWN	COUNTY	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		NAME Dippe	T Funeral Homes Baltimore, MD	Inc 21206	250. DAT		SISTRAP'S BIGNAT	



3 30	1	FOR STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 / REG. N	. 1 3	8 8
		OR PRINT) Annie	F	MIDDLE	L.	Stein	20. DATE OF DEATH	5 25 8	37 25 HOU
	3 SE	Female	4 RACE Whit		S. DATE C.	F 8 IRTH 24, DAY 1888 EAR	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDE	DAYS HOURS
2	M	RTHPLACE (STATE OR FOREIGN COUNTRY) aryland	U.S.A		WIDOWE		Baltimore City of Baltimore	County OF DE	ATH
0		TY OR TOWN OF DEATH Aynesville				rother institution er Loch Raven	120 USUAL OCCUPAT LEPE OF WORK FOR MOST C RETITED		KIND OF BUSINES
	13a S		e or other institutio DUNTY timore	13c. CITY OR TOW Baynesvi	N	13d. INSIDE CITY LIMITS? YES \(\subseteq \text{NO \(\overline{K} \)}	13e.STREET ADDRESS 8720 Emge		234
		THER'S NAME FIRST William		Spurrier		15 MOTHER'S MAIDEN NA/ FIRST Laura	MIDDLE		nknown
1000	()	VAS DECEASED EVER IN U.S. (ES. NO OR UNKNOWN) (1F YES	ARMED FORCES? GIVE WAR OR DATES)	220-44-2		17 INFORMANT David Larki		Soll Cres	
Constitution of	CERTIFICATION	PART 2 OTHER SIGNIFICAN		DITION FOR WHICH		NOT RELATED TO THE TERM WAS PERFORMED	28e AUTOPSYT	78b. IF YES, WERE IN CERTIFYING C	FINDINGS USED AUSES OF DEATH
9		716. ACCEPHT WAS LINERLYING OR CONTESSUENCE COLUMN OF AVESTINES, NOTICE WEDGE ALEXAN	DEATH HOUR A	OF INJURY A.M. MONTH DA	LY YEAR	71c HOW INJURY OCCURR	TES NO.	PV IN (TEN TE PART, TOP)	NO [
/	MEDICAL	Nit INJURY OCCURRED	21s. PLACE	E OF INJURY HARET, FACTORS, OFFICE, FA		TH LOCATION	CITY ON TO	ww co	arety at
21 14 110		276.1 certify that (I) (IIIII to saw the deceased alive above, (II) (and other did	01 51	25 7 19 19	7	d that in (my) top opinion a	to 5	ate and hour and to	That (E. (*)
VT. If then		27h SIGNATURE	Egor	noun	4	ATTENDING Y	MEDICAL STAI	re	5/26/8
MPORTAN	-	Vuong Vu N	uyen M.I			6331 Belair	*****	219.	
	(urial, cremation, remov specify) Burial	236 DATE 5-28		arkwoo	METERY OR CREMATORY d -21204 250 DATE	23d LOCATION CITY OR TOWN Parkville	e, Balto.	Md.
		INERAL DIRECTOR						25h REGISTRAR'S	

the troops there are to be one de

	1-	FOR STATE REGISTRAR		DEPAR	TMENT OF I	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 REG. NO	. 13	189
055065 JN		CEASED NAME FIRST		WIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YE	AR 2b HOUR
2 00	2	Henry		ee	STI	ARS	May 28 19	187	12.30P M
4 moy after de	3. SE		4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIR	HDAY) IF UNDER)	
Page 4 director hours of	M	Tale	White		May		86	YRS.	
orter		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8.	D A NEVER MARRIED	9. BALTIMORE CITY O		Н
9 0	M	laryland	U.S.A.		WIDOW		Baltimore		MD.
ter ter	10. CI	ITY OR TOWN OF DEATH		HOSPITAL, NURS		OR OTHER INSTITUTION	12a USUAL OCCUPATION		ND OF BUSINESS OR
S of S of		Rossville	Frank.	lin Squar	e Hos	oital	Security		
rland 212 hin 24 hour ely filled in should be f	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUR		13c. CITY OR TO Baltimo	WN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 8626 Schr	ZIP CODE oeder Ave:	nue 21236
exomi exomi	1	ATHER'S NAME FIRST Jenry	WIODLE	Stiars		15 MOTHER'S MAIDEN NA FIRST Lucy		Wall	LAST
BALTIMORE, cote be execut ysicion and coppers. Pages vol.	(VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES?	217-16-		Mrs. Evelyn	ADDRE T. Stiers	same as 1	3e
of W. PRESTON ST., that the death certific d by the attending ph lease remove carbon p iol, cremation, or remo or other traumatic even		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, C (b) DUE TO, C (c)	Pras a CONSEQ Pneumoni DR AS A CONSEQ Squamous	UENCE OF a UENCE OF Cell	ry Arrest Cancer of the			PROXIMATE INTERVAL WEEN ONSET AND DEATH
	NO	PART 2. OTHER SIGNIFICANT (
TAL RECO	CERTIFICATION	190 DATE OF OPERATION	196. CONE	DITION FOR WHIC	H OPERATIC	N WAS PERFORMED	YES NOW	20b. IF YES, WERE F IN CERTIFYING CA YES	
YSICIAN: The lo ding physicion. Sertificate hos burlot-transit per Mental Hygiene g		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE-	ATH HOUR A	OF INJURY A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PAI	RT 2)
VISION G PHYS G PHYS of the bur ond Me ked or b	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE	, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	wn coun:	TY STATE
TTEND pritol or TTOR: A for use of Heol		220.1 certify that (this hosp saw the deceased alive on abave, (we) (did) (May 28	he deceased from	87	nd that in (aur) apinian	, to May 28 death accurred on the do	19 8	, manga (we) last
her her		22b. SIGNATURE	9.5	Then	th.		MEDICAL STAF	F _ 5	DATE SIGNED 1/28/87
TO HOSPITAL (retained by the TO FUNERAL I should be detained the State I IMPORTANT: If		Gary A. Joh		D		9000 Fran	klin Square	Dr., 2123	37
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	236. DATE 06/01			e Park Cem.	23d LOCATION CITY OR TOWN Baltimore	COUNTY	STATE

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR

(VRA 15, 4)

Leonard J. Ruck, Inc. Baltimore, Maryland

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Sia Swider Rondallo and the state of t

1981 - 3442

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24 hours ofter deoth. Page 4

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. N	10.	3	1	9	0
OF DEATH	MONITH	DAY	VEAO	Tar DO	110

FOR STATE REGIST		DEPA		EALTH AND MENTAL HYG ICATE OF DEATH	8 /	. NO.	3	1 9	G		
1. DECEASED		MIDDLE	U	AST	2a. DATE OF DEATH	MONTH	DAY YEA	AR 2b HO	UR		
(THE ORPRINT)	GARY	Michael	5 26 1987 6:87								
3. SEX	4	I RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24-485						
> MA	ALE	WHITE	MONTH 4	129/44 YEAR	43	YRS	MONTHS D	AYS HOURS	MIN.		
70. BIRTHPLAC		U.S.A.	RY? 8. MARRIED WIDOWE	I PALTIMORE CO							
TO. CITY OR TO	OWN OF DEATH 1	1. NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVE ST ST JOSE!	RSING HOME O		12a USUAL OCCUP (TYPE OF WORK FOR MO Technic	ST OF WORKING LI	FE) INDUS	npor Busin TRY Mpute			
13a. STATE MD	Harf	ord earret	OWN		13e STREET ADDRES	S / ZIP CODI	ES [DRIVE	210		
	FIRST M	ster Stin	efelt	TOPIS DOTIS	virg	inia	Ha	a S'enb	alg		
	RUNKNOWN) LIF YES, GIVE	MED FORCES? 166 SOCIALS WAR OR DATES! 219-4	42-763	Michael:		7805]	lto. Belai	2121 ir Rd			
cause under	rise to immediate (0), stating the lying cause last. 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSE		NOT RELATED TO THE TERM	NINAL DISEASE OR CO	ONDITION GI	VEN IN PAR	RT Ira			
CERTIFICATION 19a DA1	TE OF OPERATION	196 CONDITION FOR WH	HICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	IN CERTI		NDINGS USI JSES OF DEA NO	ATH?		
00.000	CCIDENT WAS UNDERLYING THE NOTIFY MEDICAL EXAMINER	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	NJURY IN ITEM 18	PART I OR PAR	T 2)			
WHILE AT WORK	JURY OCCURRED NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	FICE, FARM, ETC.)	21f LOCATION STREET	CITYO	RTOWN	COUNTY	Y	STATE		
sav	w the deceased alive on_	view the body after death.	9- 27 , an	d that in (my) (aur) apinion o	death occurred on th		ur and from	that (I) the couses s	stated		
224 PH	J. 4. 17	ZEN AND E	Z Mi	ATTENDING PHYSICIAN 22e ADDRESS	MrD.	STAFF (SICIAN	To	26 WWW.	M		
23a BURIAL,	CREMATION, REMOVAL	23b DATE	23¢ NAME OF C	EMETERY OR CREMATORY	23d LOCATION	,	COUNTY		STATE		

should be detached far use as the burial-transit with the State Dept. af Health and Mental Hygir TO FUNERAL DIRECTOR: After this certificate

IMPORTANT: If hem 21 is morked or

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital or attending physicia

DHMH - 16 60M 7/84 (VRA 15, 4)

Cremation
24 FUNERAL DIRECTOR 5/29/87 Carroll

Benjamin W. Kurtz Jarrettsville, Md.

Crematory Hampstead, Carroll, M. 25m. Date REC'D. BY REGISTRAR 124 REGISTRAR'S SIGNATURE JUN 01 1887. Junio Landon America.

Consider as the second of the second 6 NO 24 1 C A C ... at the feet want to see the state of the first the

STATE OF MARYLAND

11	HYGIENE	24
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690.21
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- STATE		DEFA	CERTIFICATE OF DEATH	8 ZEG. NO.	3 1	5
PECEASED NAME	FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DA	Y YEAR	2b. 1
OR PRINTY	Ethel	M.	Stipes	5-28-87		0

15	2 - REGISTRAR		CERTIFICATE OF DEATH	8 REG. NO. 1 3 1	9
	DECEASED NAME FIRST TYPE OR PRINT) ETA	MIDDLE	S de a a c		26 HOUR
L		, ,	STIPES	5-28-87	093 7am
3.	SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR	IF UNDER 24 HRS
1	Female	Caucasian	1-8-1908	79 YRS	
70	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH	
	West Virginia	USA	WIDOWEDEN DIVORCED		MD
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI	RSING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION 126. KIND OF	BUSINESSOR
P	Randallstown		nty General Hospit		
W	SUAL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION GIVE RESIDENCE BI	EFORE ADMISSION)		
	. 2		TOWN 13d INSIDE CITY LIMIT		21043
	Maryland IHowa	id lettico	15. MOTHER'S MAIDE		21045
	FIRST	MIDDLE LAST	FIRST	MIDDLE LAST	
14	Josiah WAS DECEASED EVER IN U.S. AF	C. Moose	ECURITY NO. 17. INFORMANT To	Minnie Chambers	
1		VE WAR OR DATES)		icksonville, FL 32225	
	No	 187-26	-7974 Mr. Robert	E. Stipes 11899 Hidden H	HILLS DY
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c)		accident	
П		CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIVEN IN PART 110	7
2	Lymist	ioma, (Congestive	Heart Failure	
TA STATE	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDING IN CERTIFYING CAUSES C	GS USED OF DEATH? NO
		HOUR A.M. MONTH		CCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ?)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	CITY OR TOWN COUNTY	STATE
	sow the accessed live or	ottended the deceased from	0	inion death occurred on the date and hour and from the co	
	R. (,			NG MEDICAL STAFF	28-8

230. BURIAL, CREMATION, REMOVAL

Ball

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phys should be detached for use as the burial-transit permit. Then please remove carbompor with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remove

MFORTANT: If Hem 21 is marked at Item 18 shows any

5-30-87 Lake View Memorial Pk Burial 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc

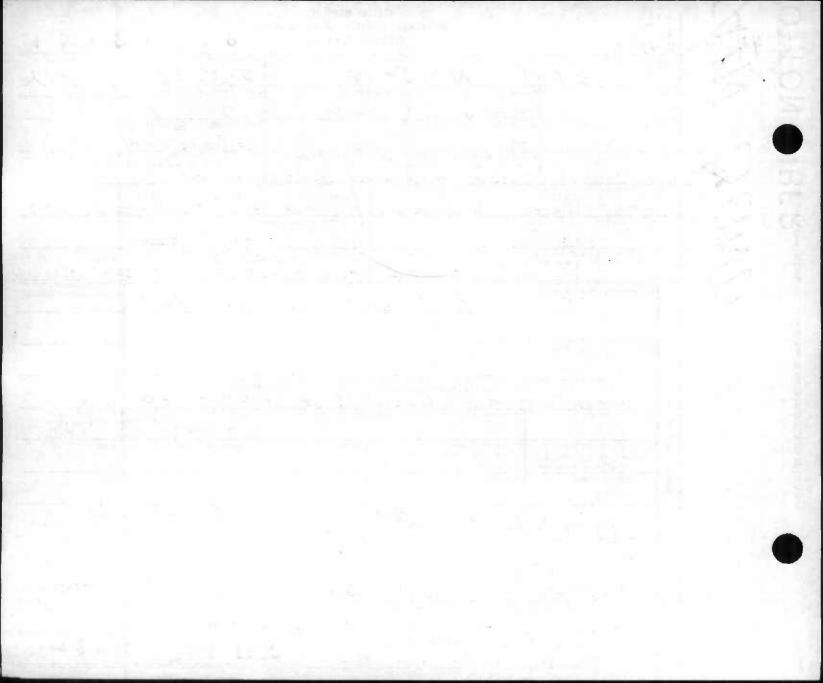
AATORY 23d LOCATION
CITY OF TOWN

al Pk Sykesville Carroll M

25d DATE REC'D BY REGISTRAR 251 REGISTRAR'S SIGNATURE

187

21133 Randallstown, MD 8728 Liberty Rd.



STATE OF MARYLAND

1.	FOR STATE REGISTRAR			DEPART		EALTH AN	D MENTAL HY	GIENE 8	REG. N	0.	3	1	9	2
(TYPE OR PRINT) JOHN J.			AIDDLE	Stout			1500	OF DEATH	MONTH 5	5 /	487	26 HOL	42M	
3 SE	MALE	4. 1	Whi.	tE.	S DATE C		1923		YEARS LAST BIR	THDAY)	MONTHS	DAYS	IF UNDER	MIN.
M	IRTHPLACE (STATE OR FO		US		WIDOWE	D 🔲	R MARRIED DIVORCED	Balt	ore city o	nty				MD.
B	4240-		St.	HOSPITAL, NURSIN HEACHTY, GIVE STREET	ADTRESS)	OR OTHER I	NSTITUTION		t. Bal	F WORKING		KIND OF USTRY Cle		
13a. 3	ns.	ISE COUNTY	HER INSTITUTION.	13c. CITY OR TOW	N	YES Z	E CITY LIMITS?	6103	ADDRESS .	0 1	DE O	DA	50	181
)	ATHER'S NAME FIRST Andrew	MID		Stout			FIRST Eliza		WIDDLE		ower	LAST		
	VAS DECEASED EVER I YES, NO OR UNKNOWN) NO	N U.S. ARME (IF YES, GIVE W		219-18-2		Mrs.	Anna M	. Stou	t Sam			APPROXIM BETWEEN O		
	Conditions, if ony, gove rise to imm cause (o), stating underlying couse	ediate g the last	DUE TO, OF (b) DUE TO, OF	AS A CONSEQUE Carbo	ENCE OF	lun	there to	eagling	l n	mi		10	111	
CERTIFICATION	PART 2 OTHER SIGN			TION FOR WHICH					TOPSY?	20b. IF Y	ES, WERE	E FINDIN	IGS USE	D TH?
	21a, ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH { FEITHER, NOTIFY MEDICAL EXAMINER } 21b. TIME OF INJURY HOUR, A.M., MONTH DA			21¢ HOW INJURY OCCURRED			YES NO YES NO JURED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)							
MEDICAL	21d. INJURY OCCURR WHILE NOT WHI AT WORK AT WORK	ED	21e PLACE C			21f LOCA	TION		CITY OR TO	WN	col	YTAU		STATE
	22a.1 certify that (1) saw the decease above, (1) (we) (d	d olive on	1/5	19_			ny) (our) opinio	7 , to	red on the d	ote and he		rom the o		oted
	22b. SIGNATURE	C-	Se	نر		DEGREE	ATTENDING PHYSICIAN	MEDICA DIRECTO	L STA		22	5/3	SIGNED -/Y	2
	22d PHYSICIAN'S NA	ME JIYPE OR PR	Se,	1:110		22e ADDI	RESS LO	4.1	- 1	1	1		21-	we

23a BURIAL, CRÉMATION, REMOVAL Burial

May 8,1987 Gdns. of Faith

23c NAME OF CEMETERY OR CREMATORY

AATORY 23d. LOCATION CITY OF TOWN

Baltimere
250. INVIETEC'D. BY RELOCAT 259

24 FUNERAL DIRECTOR
NAME
Leonard J. Ruck Inc. Baltimore, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

ORTANT: If Item 21 is

witness . niles

cet. Maken. City Clerk Honet

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100-81-019 | 120 | 120 | 120 | 120 | 120 | 120 |

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5 IN

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5 0	REGISTRAR				CERTIF	ICATE OF DEATH	8 REG. NO	s.	3	93
	CEASED NAME	FIRST		WIOOFE	L	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b AOUR
(177)	I CRPRINT)	BERNAR	D I	ONALD	S	TRAW		05 11	187	8:30P M
3. SE	Х		4 RACE		5_DATE C		6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	HOURS MIN
	MALE		White	,	Ma	y 13, 1933 **	53	YRS	VIII3 DATS	HOURS MIN
7a 8	IRTHPLACE (STATE O	R FOREIGN	7b. CITIZEN OF	WHAT COUNTRY?	В	DXX NEVER MARRIED	9. BALTIMORE CITY O	COUNTYO		
	Maryland		υ.	S.A.	WIDOWE		BALTIMORE	COUNTY		MD.
	ITY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATE	NC	126 KIND C	OF BUSINESS OR
- 11	rowson			-6701 N.		ES ST.	Claims Ad	uster	INDUSTRY Inst	urance
13a.	AL RESIDENCE (IF NO STATE	13b COUN		13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE		
	Md.	Bal	to.	Reisters	stown	YES NO 🔏	118 Danbu	ry Rd.	211	36
14. F/	ATHER'S NAME		MIDDIE _	LAST		15 MOTHER'S MAIDEN NA	ME		LAS	ST
	Raiston	M.	WIDDIE	traw "		Ethel		To	wers	-
	WAS DECEASED EVE		MED FORCES?	166 SOCIAL SECU		17 INFORMANT	118 Danbury	Rd.		
(No No	(IF TES, GIV	E WAR OR DATES)	216-30-5	5422		Reisterstown			
		TH (Enter on	lly ane cause per	line for (a), (b), one	dicio				APPROX BETWEEN	ONSET AND DEATH
	PART I. DEATH	WAS CAUSE				NICAL DISSOCI	ATION		5 M	
		MANCON		DAS A CONSEQUE	NCE OF					10/1
	Conditions, if on	y, which	(b)	PROBABL	E PUL	MONARY EMBOLU	S		30 M	IN.
	gave rise to in	nmediate	DUE TO O	R AS A CONSEQUE	NCE OF					
	underlying cou	se last	(6)	K AS A CONSEQUE	1402 01					
	PART 2 OTHER SIG	SNIFICANT (ONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONE	OITION GIVEN	IN PART 1	o
CERTIFICATION										
3	19a DATE OF OPER	ATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY2	20b. IF YES, V		NGS USED S OF DEATH?
Ë							YES NO	YES		NO 🗆
1 8	21a. ACCIDENT WAS U	_	110110		AV VEAD	21 LHOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	I OR PART 2)	
1	OR CONTRIBUTING		ATTS.	M. MONTH D	AY YEAR					
MEDICAL	21d INJURY OCCU		21e PLACE	OF INJURY		211 LOCATION	CITY OR TO	A/b)	COUNTY	STATE
₹	AT WORK - AT IA	ORK ORK		REET FACTORY OFFICE F		SIREE	CII, OK 10			V-1812
	220.1 certify that (I) (this hospi	ital) attended th	e deceased from_		. 19	05/11		87	that (I) (we) lost
	sow file deser	no sylo day	05/11	19_{	37	nd that in (my) (our) opinion	death occurred on the do	ite and haur o	ind from the	causes stated
	77h SIGNATURE	(did to	the body	offer death.		DEGREE			226. DATE	SIGNED
	1	N	100			ATTENDING PHYSICIAN	MEDICAL STAF	F IAN D	05/	11/87
1	224 PHYSICIAN'S	AME (TYPE C	OR PRINT)			22e ADDRESS				
	E.LO	BATO, M	•D•			GBMC-6701	n. CHARLES S	T.		
	BURIAL, CREMATION	I, REMOVAL	23b. DATE	236 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
	Burial		May 1	4,1987 AJ	ll Sai	ints Cemetery	Reisterst			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Owings Mills, Md.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

MAY 1 4 1087 Julia Buildon Rondolle

FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH
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PARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	7	REG. NO.	3		9	4
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E 0 E 0						E OF MARYLAND				
5256 JUN-2	17	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYC ICATE OF DEATH	REG.	1 3 1	9	4
UII -2 87		CEASED NAME FIRST	1	MIDDLE		AST	20. DATE OF DEATH		YEAR 2	Pb. HOUR
noy bei	1111	d'	arlotte S	tubbs			5/30/87	7	1	1236 AM
mo, po	3. SE	X	4. RACE		5. DATE C		6. AGE (IN YEARS LAST I	BIRTHDAY) IF U	TRIVEAR	IF UNDER 24 HRS
ge 4 ectai		Female	Cau	casian	6/1	8/07 DAY YEAR	79	YRS		MIN.
2 3 V		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY	8 MARRIE	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF D	EATH	
to 122		Maryland	U.S.A		WIDOWE	D DIVORCED	Baltin	mare County		MD.
		Randallstown	(IF NOT IN SUC	HOSPITAL, NURSI H FACILITY, GIVE STREE TE COUNTY	(ADDRESS)	PROTHER INSTITUTION Hospital	12a. USUAL OCCUPA ITYPE OF WORK FOR MOS Housewife		KIND OF	BUSINESS OR
THE STATE	13a S	AL RESIDENCE (IF NURSING FOME OF STATE 12% COUR	ROTHER INSTITUTION	GIVE RESIDENCE BEFO 13c. CITY OR TOV Baltimor	RE ADMISSION)	13d, INSIDE CITY LIMITS?	13e.STREET ADDRESS 221 E. Nort	s / zip code hem Parkwa	212 Ty	12
	14. FA	THER'S NAME William Lehr	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAST	
and can do		VAS DECEASED EVER IN U.S. AR		166 SOCIAL SEC	URITY NO.	17 INFORMANT Mr. D		RESS		16648
Pag Pag	~	YES NO OR UNKNOWN)	VE WAR OR DATES)	219-32-	0797	Box 251 RD 2		Holidaysbu	mg Pen	nsylvania
requires that the death certificate in signed by the attending physici. Then please remove corbon paper ir to burial, cremation, or removal. injury, or other troumatic event, the	NOI	18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA' Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (DUE TO, OI (b) DUE TO, OI (c)	R AS A CONSEQU	JENCE OF	NOT RELATED TO THE TERA		500×	6 11	ATE INTERVAL ISET AND DEATH C. ACOUNS
IN: The low re hysicion. icate hos beer ransit permit. Hyguene prior 118 shows ony in the property of the prop	CERTIFICATION	19a DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES		
SICIAN: The ng physicio certificate horiol-transit priol-transit priol-transit priol-transit pen 18 sho		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PART I O	R PART 2)	
DING PHYSICIA or attending ph After this certif e os the buriol-t olth and Mental marked or them	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE			211. LOCATION STREET	CITY OR	TOWN	OUNTY	STATE
HOSPITAL OR ATTENI pined by the hospital FUNERAL DIRECTORI ould be deteched for us in the Store Dept. of He PORTANT: If Hem 21 is		270. I certify that (I) (this hosp saw the degeneral olive or above. 27b. SIGNATURE 27d. PHYSICIAN'S NAME (TYPE of STEUE A)	A COU	19		nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN { 22e. ADDRESS	/	date and hour and		
0 se 5 se 10	23a. I	BURIAL, CREMATION, REMOVAL	23b. DATE	23ε.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	pt 00	INITY	STATE
BP		Burial	6/2/8	7	Druid F	ridge Cemetery	Pikesvill	le Baltimor	ce	MD
DHMH - 16 60M 7/84	24. FI	UNERAL DIRECTOR LOTIN	ng Byens F	uneral Dir	ectors,	Inc 25a. D.J	B NC . BY RECENT	R 256 REGISTRAR'S	FIGNATU	RELAND
(VRA 15, 4)		8728 Liberty Road					1001	0		_

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54413 MAY 25	71	FOR - STATE REGISTRAR	D	EPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYGII ICATE OF DEATH	ENE 7 REG. NO.	131	9 5
ge 4 moy be ector, poge 3		CEASED NAME FIRST GLAdys	4. RACE	Tac A S DATE O MONTH	DF BIRTH	26. DATE OF DEATH AGE (IN YEARS LAST BIRTHD	DAY) IF UNDER I VE MONTHS DAY	7 15 A
urs ofter death. Por h by the funerol dir. Hed within 72 hou	10 C	IRTHPLACE ISTATE OR FOREIGN OUNIAN) VITTINIA ITY OR TOWN OF DEATH A HIMORE	76 CITIZEN OF WHAT CO U. S. A. 11. NAME OF HOSPITAL, (IF NOT INSUCH FACILITY, G MERICLIAN	MARRIE WIDOWE NURSING HOME C IVE STREET ADDRESS	D NEVER MARRIED U D DIVORCED	BALTIMORE CITY OR Raltimore 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	COUNTY OF DEATH	MC D OF BUSINESS OR
MORE, MARYLAND 212 e executed within 24 hou n ond completely filled in Poges 1 and 82 should be medical examiner must be	13a	ATHER'S NAME FIRST Alexandria WAS DECEASED EVER IN U.S. A	timore Cato MIDDLE MIDDLE Cull Craft Cull Character of Cato Cull Character of Cato Cull Control Cull Control Control Cull Control C	or town nsville Last liss lal Security No.	13d INSIDE CITY LIMITS? YES NO 1 15. MOTHER'S MAIDEN NAMERIST COTA 17 INFORMANT	ADDRESS	Gran	28 onsville
301 W. PRESTON ST., BALTI es that the death certificate b med by the attending physicio please remove corban papers, unal, cremation, or removal. y, or other troumatic event, the	7	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	DUE TO, OR AS A CO	INSEQUENCE OF	Judy Asbury Least forl the Carloss generally got RELATED TO THE SERMIN		APPR BETWE	200 MATE INTERVAL PN ONSET AND DEATH
OR ATTENDING PHYSICIAN: The low require hospitol or ottending physicion. DIRECTOR After this certificate hos been signoched for use as the buriol-tronsit permit. Then the buriol-tronsit permit. Then the buriol-tronsit permit. Then the buriol-tronsit permit. Then then the ond mental Hygiene prior to be filled.	MEDICAL CERTIFICATION	OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this NOSE)	EATH HOUR A.M. MON P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY	NTH DAY YEAR 19 (Y, OFFICE, FARM, ETC.)	21c. HOW INJURY OCCURRE 21f. LOCATION STREET 19 6 that in my lour) opinion de	D (ENTER NATURE OF INJURY I	COUNTY 73 1987 e ond hour ond from 1	STATE _, that (i) we lost
TO HOSPITAL TO FUNERAL Hoold he de em the Stork	23a.	BURIAL CREMATION, REMOVA	1. Levie	Ras MP.	EMETERY OR CREMATORY	DIRECTOR PHYSICIA	COUNTY	STATE

Mt. Hermon

411200LD COLUMBIA PIKE ELLICOTT CITY, MD 21043 MAY 2

D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

1 1987 Julia Davidson Randalle

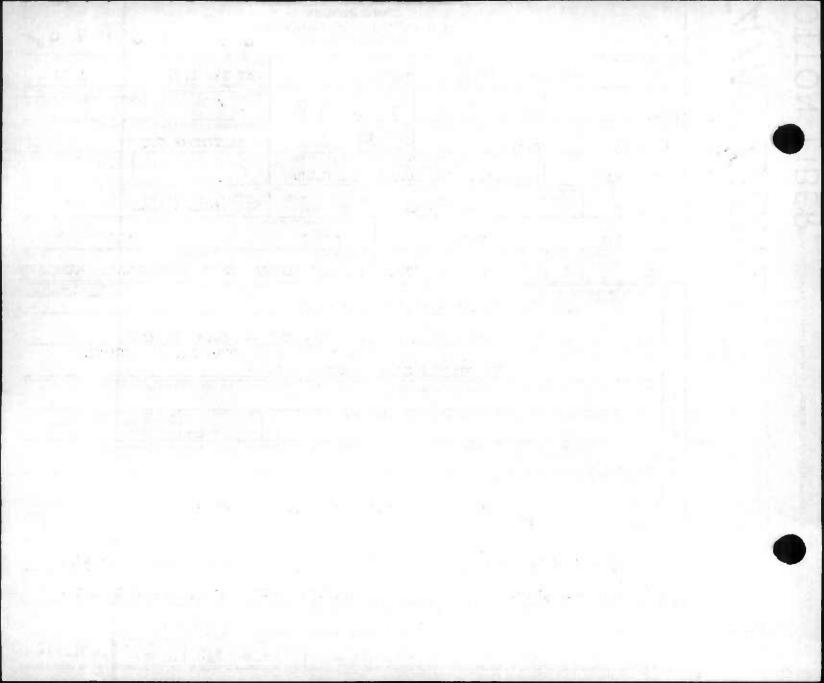
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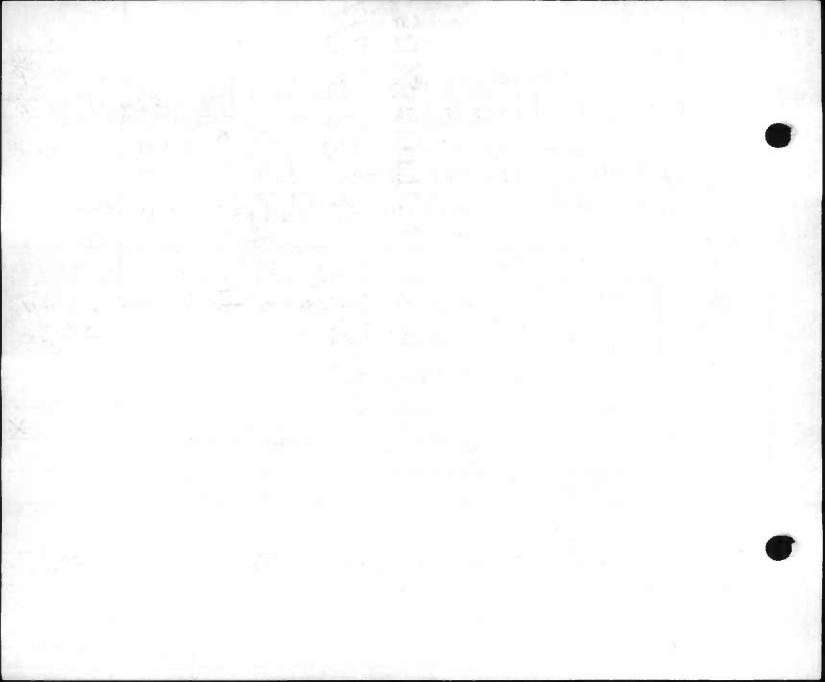
HARNAL H WITZKE & FAMILY FUNERAL HOME, INC.

DHMH - 16 60M 7/73 (VR A 15 (4))

The country of the co

	de	FOR STATE			DEPAR	TMENT OF H		MENTAL HYG	IENE	1	7	1	9 6
0.3 1011 6.0	01	REGISTRAR					ICATE OF	DEATH		EG. NO.	0	1	
9 C E		OR PRINT!	FIRST	ING 2 (E	ELIE	TAYLO	AST		MAY 24,		DAY		26. HOUR 1:30 A
poge 3	3. SE			RACE	r12)	5. DATE C			6. AGE (IN YEARS		IF UND	ERIYEAR	IF UNDER 24 HRS
s offer.	MA			BLACK		MONTH 7		1920	66	YR	MONTHS		HOURS MIN.
1 0/	70. BI	RTHPLACE (STATE OR FOR			WHAT COUNTR	Y? 8.			9. BALTIMORE			EATH	
图為		RGINIA	ī	J.S.A.		WIDOWE		MARRIED	BALTI	MORE C	OUNTY		MD.
10		TY OR TOWN OF DEAT	- 4	(IF NOT IN SUC	HOSPITAL, NURS	EET ADDRESS)			120 USUAL OCC (TYPE OF WORK FOR Disabl	MOST OF WORKIN		KIND OF DUSTRY	F BUSINESS OR
Bonne BA	USU. 13a. S	AL RESIDENCE (IF NURSIN	G HOME OR O	THER INSTITUTION	GIVE RESIDENCE BEF	ORE ADMISSION)	13d INSIDE		13e STREET ADD		ODE OAD	21	229
1000	_	THER'S NAME		IDDLF			15 MOTHER	S MAIDEN NAM					
3-2/1	1	DAVID	M	IDDLE	TAYLOR		AC	ENES	M	DDIE	DA	Y EAST	
od co		VAS DECEASED EVER IN		MED FORCES?	166 SOCIAL SE		17 INFORM			ADDRESS			
Poge		ES	WW I	I	229 16	3702	CLINIC	CAL RECO	RD, VAMO	, FORT	HOWA	RD,	MARYLANI
en signed by the attending phys 11. Then please remove carbonpop ior to buriol, cremotion, ar remove in injury, ar other troumatic event,	TION	Conditions, if ony, gove rise to imme couse (0), storing underlying couse PART 2 OTHER SIGN II	which diste the lost.	CAUSE (0) CAUSE	R AS A CONSEC STORY O	TERIOS TERIOS DUENCE OF V F CHRON	CLEROTI VITH MU VIC REM NOT RELATE	IC CARDI JLTIPLE NAL FAIL DIOTHETERM		ASCULA R CONDITION	R ACC	PART 110	
has beer t permit. ene priar	CERTIFICATION	190 DATE OF OPERATR	JN	196. COND	ITION FOR WHI	CH OPERATIO	N WAS PERF	OKMED					OF DEATH?
is certificate burial-transi Mental Hygi		210 ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEAT		DE INJURY .M. MONTH M.	DAY YEAR	21c. HOW I	NJURY OCCURR	ED (ENTER NATURE	OF INJURY IN ITEM	18 PART 1 OF	R PART 2)	
e as the bur olth and Me market a	MEDICAL	21d. INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK		(AT HOME, ST	OF INJURY REET, FACTORY, OFFIC		211 LOCAT	ET	CI	TY OR TOWN	cc	OUNTY	STATE
TO FUNERAL DIRECTOR. Afi should be detached for use o with the State Dept. of Health IMPORTANT: If them 21 is mon		220.1 certify that (I) (t sow the deceased obove, (I) (we) (dic 771.5 IGNATURS 772.5 IGNATURS 774.5 PAYSICAN'S FAA ALFONZO RI	AE ITHE CA	iz mo	olter death.		DEGREE	ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIANX	2	from the c	SIGNED
® ≃ ≒ 3 ≥ 7 BP	23a	BURIAL, CREMATION, RI SPECIFY) Burial	EMOVAL	23b. DATE 5/28/				crematory		thsvill			STATE
MH - 16 60M 7/84 (VRA 15, 4)		INERAL DIRECTOR 1. C. March	F/H	West 4				250. DAT	2 7 19	87 Jul	SISTRAR'S	SIGNATI	Randall





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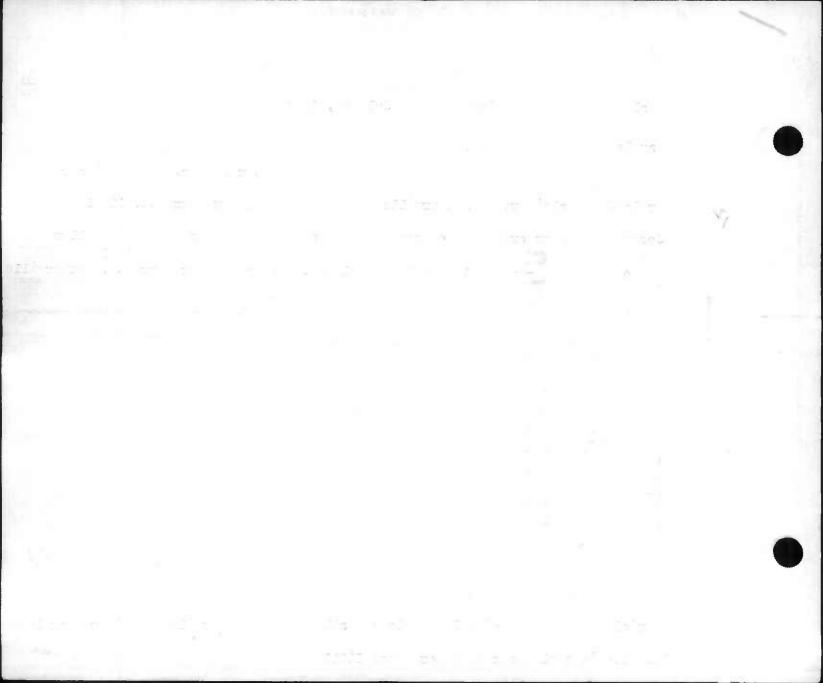
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

8	7	1	3	10.	4	2
	REG. NO.	4		ě.	-	
						_

	1 -	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTA ICATE OF DEATH		0 /	G. NO.	3	9 3	
4		OR PRINT	. MI	IDDLE	ŧ,	AST	7	20. DATE OF DEAT		DAY YEAR	2b. HOUR	
		WIL		SEPH		HOMPSON			05	24 87	7:00 Am	
ı	3. SEX		4. RACE		5 DATE O			AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DA		
J		Male	White		Ju.	ly 29, 190		80	YRS			1
9		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF W	/HAT COUNTRY?	8. MARRIE	XXNEVER MARRIE	D 🗀 📗	BALTIMORE CI	energy seek			
4		Maryland		O [++	WIDOWE	D DIVORCE		BALTIMOF			MD. D OF BUSINESS OR	
	T	OWSON	GBMC- 67	OL NORTH	CHAR	LES ST.		Corp. Ex		INDUST	nance	
5	13a. S	at residence (if nursing how state 136 co aryland Ba		lactinery Luthery		13d INSIDE CITY LIM.		3. STREET ADDRI 5 Turnb	erry C	P. 2109	93	
Z		Joseph	Bernard	Thompso	on	Anna Anna	EN NAME		ay	M	filer	
1		VAS DECEASED EVER IN U.S	. ARMED FORCES?	166 SOCIAL SECUR	ITY NO.	17 INFORMANT			DDRESS	21093		
	(1	No	S, GIVE WAR OR DATES)	216-05-80	080	Helen E.	Thom	pson 5 T	urnber		Lutherville	e
2	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICA	DUE TO, OR (b) DUE TO, OR (c) NT CONDITIONS COI	AS A CONSEQUENT CORONARY AS A CONSEQUENT TRIBUTING TO DE	NCE OF NCE OF	THMIA, VEN ASF, EMPHYS NOT RELATED TO THE	SEMA		CONDITION (GIVEN IN PART	DINGS USED	
	TE							YES NQ		YES [SES OF DEATH?	
1	MEDICAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM	HOUR A.M	A. MONTH DAY	Y YEAR	21¢ HOW INJURY O	CCURRE	D (ENTER NATURE O	INJURY IN ITEM I	8 PART I OR PART	2)	
		21d INJURY OCCURRED WHILE NOT WHILE AT WORK		ET FACTORY OFFICE FAR		211 LOCATION STREET		CITA	OR TOWN	COUNTY	STATE	
		220 I certify that (1) (this h sow the deceased alive above, (1) (we) (did) (di	e on <u> </u>	19_ O /		nd that in (my) (our) o	8/ pinion de		he dote and h		_, that (1) (we) lost the couses stated	
1		276. SIGNATURE	Island	MO	(DEGREE ATTEND PHYSIC	ING IAN	MEDICAL DIRECTOR PH	STAFF	22c. DA	14/8)	
		22d. PHI STCIAN'S NAME (T				22e ADDRESS	17				/	
4			COB L. GLO			GBMC- b/L		ORTH CHAP				
	730 B	BURIAL, CREMATION, REMO Burial	VAL 236 DATE 5-28			emetery or cremain y Valley	TORY	Luthery	VN	altimo	re Maryland	
	24 FU	JNERAL DIRECTOR	•	ADDRESS		25	So DATE	REC'D. BY REGIST				
	Mi	tchell-Wiedef	eld Home 6	500 York	Road	21212	SEAS	V 0 6 400	7 Aust	a Devide	7. Rondollo	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



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24 hours after

and 2 shelled in by the funeral director, page 3 and 2 shelled be filed within 72 hours after death

Old be

shows any injury, or other tra-

should be detoched for use as the buriol-tronsit permit. Their g with the Stote Dept. af Heolth and Mentol Hygiene prior to bu TO FUNERAL DIRECTOR: After this certificate has been

ATTENDING

OR

TO HOSPITAL (

IMPORTANT: If them 21 is marked or Item

72 hours after death

STATE OF MARYLAND

DED ADTMENT OF BEALTH AND MENTAL HYCICAL

8	REG. N	0.	3	3	9	9
DATE OF	DEATH	MONTH	DAY	YEAR	26 HOL	JR VI

5- STATE REGISTRAR		DEPAKI		ICATE OF DEATH	S S	REG. NO.	1 3		9 9
1. DECEASED NAME FIRS		NIDDLE .	Tyle	r AST	26. DATE OF	ay 17,	1987	YEAR	7:04 E
3. SEX Female	4 RACE Blace	k	Jul Jul	DE BIRTH 1917 AR		VEARS LAST BIRTHD	YRS.	ER I YEAR DAYS	IF UNDER 24 HRS HOURS MIN.
76. BIRTHPLACE (STATE OR FOREIG COUNTRY) Maryland	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Rai	- The same of the	County OF D		м
Randallstow	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS]	Gen. Hosp.	(TYPE OF WOR	occupation k for most of w ld. Dept	VORKING LIFE) 126	DUSTRY	FBUSINESS OF
	me or other institution COUNTY Balto.	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Owings	'N	13d. INSIDE CITY LIMITS?	13. STREET 2705	ADDRESS / Z	CIP CODE Hill I	Rd. 2	21117
14. FATHER'S NAME FIRST Lawrence 140 WAS DECEASED EVER IN U		lyler, Sr.	-	15. MOTHER'S MAIDEN N FIRST FTOTE 17. INFORMANT		MIDDLE		? LAST	
	ES. GIVE WAR OR DATES)	213-14-6		Lawrence R.	Tyler	Owings		Md.	Rd., 21117
	te he DUE TO, C	R AS A CONSEQUE	ENCE OF	Hypertenoce Correlated to the TER Much Cor DCS				PART 1(c	ANS.
190. DATE O OPERATION 210. ACCIDENT WALL SERLYIN	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTO		Ob. IF YES, WER IN CERTIFYING YES		
OR CONTRIBUTING AUSE (IF EITHER, NOTIFY TO ALEX. 21d. INJURY OC URRED WHITE AT WORK 22d. Certify that (I) (the sow the decessed of obove, (I) (see) (did) (c) 22b. SIGNATURE	OF DEATH AMINER) 21e PLACE (AT HOME, S1 to spiriol) ottended the ve on all did not) view the body	M. MONTH D. M. OF INJURY REET, FACTORY, OFFICE, F OF descensed from 19	ARM, ETC)	21c HOW INJURY OCCU 21f. LOCATION STREET 21f. LOCATION STREET 19 10 10 10 10 10 10 10 10 10 10 10 10 10	MEDICAL DIRECTOR	city or town	and hour and	DUNTY , (
230. BURIAL, CREMATION, REMO				EMETERY OR CREMATORY es Ch. Cemet	23d. LOC.	ATION		ľto.	Md. STATE

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

24. FUNERAL DIRECTOR Owings Mills, Md.

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requires that the death certificate be

ATTENDING PHYSICIAN: The low

TO HOSPITAL CA ATTENDING PHYSICIAN: The retained by the haspital or attending physician.

BP

morked or them 18 shows ony injury, or other traumotic event,

IMPORTANT: If Item 21 is

TO FUNERAL DIRECTOR. After this certificate has been signed by the attenshould be detached for use as the burial-transit permit. Then please remove contribute the State Dept. of Health and Mental Hygiene prior to burial, cremation.

STATE OF MARTLAND									
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	,(1)								
CERTIFICATE OF BEATU	1								

3	REG. NO.	40000	3	2	Ü	-
-				-		_

FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYGI	IENE 8 /	1 0.	3	200
1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	L	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
IRENE	Ε.	UF	CH	*	5	12 87	7 10:00 P
3. SEX	4. RACE	5. DATE C		MONTHS DAT			
Female	White	Feb	. 13, 1910°	MONTHS DA	TS HOURS MIN.		
7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	TRY? 8	D NEVER MARRIED	Y OF DEATH			
Illinois	U.S.A.	WIDOWE		Baltimor	e Cou	nty	MD.
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE Dulaney To	STREET ADDRESS)		120 USUAL OCCUPA (TYPE OF WORK FOR MOST Retired Te	OF WORKING	LIFE) INDUSTE	School
TOWSON USUAL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)					Delioot
Maryland Balt	imore Tows		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS 639 Sus	ZIP COL	DE d	21204
14. FATHER'S NAME	.Imore Tows	011	15 MOTHER'S MAIDEN NAM				
Philip Nea	ndole Henne		Ethe1	MIDDLE		018	rien
160 WAS DECEASED EVER IN U.S. AR		SECURITY NO.	17 INFORMANT	ADDI	RESS CO		ille, Md.
(1F YES, GIV NO	E WAR OR DATES)	6-7679	Robert G. Ur	ch, Jr1		osley	
Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT COUNTY OF THE COUNTY	DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING	G TO DEATH BUT		INAL DISEASE OR COI		IVEN IN PART	
TIFIC				YES NO		TIFYING CAUS	SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEA	P.M.	H DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF IN)	JURY IN ITEM 18	3 PART 1 OR PART ;	2)
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, O	DEFICE FARM ETC)	211 LOCATION STREET	CITY OR I	OWN	COUNTY	STATE
22a.l certify that (1) (this hosping sow the deceased alive on above, (1) (yee) (did) (did no		()	nd that in (my) (our) opinion of	death occurred on the	dote and ha	our and from t	, that (I) (we) last the causes stated
226. SIGNARDIE	Bron	Enne	DEGREE ATTENDING PHYSICIAN [MEDICAL ST.	AFF ICIAN 🗌	5	13/87
Charles F. O'I	Donnell, M.D.		7501 York F	Rd., Towson	ı, Md.	21204	
230. BURIAL, CREMATION, REMOVAL BURIAL	236. DATE 5-16-87		emetery or crematory ney Valley	23d LOCATION CITY OF TOWN Cockeys	sville	e, Balt	o., Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

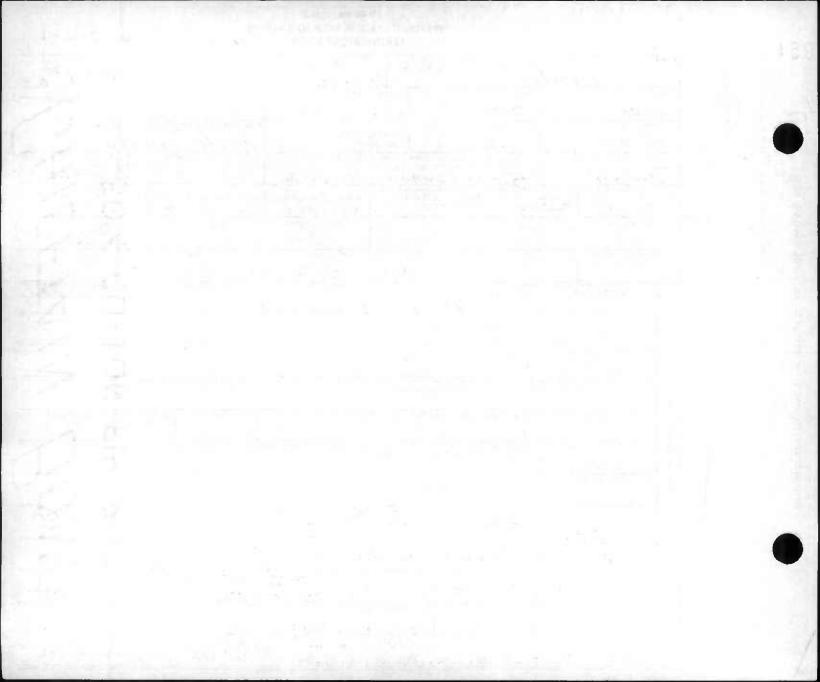
FUNERAL DIRECTOR

FUNERAL DIRECTOR
NAME
Ruck Towson Funeral Home, Inc., Towson, Md. 2120 4 MAY 15 1987

Ruck Towson Funeral Home, Inc., Towson, Md. 2120 4 MAY 15 1987



5 6 6 7 7 1	14.0		FOR STATE REGISTRAR			DEP	ARTMENT OF I	E OF MARYLAND LEALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 / REG. N	. 1 3	2 1	0
noy be poge 3		(TYPE	EASED NAME OR PRINT)	FIRST PHY FYLLI	ELIS	GA.	ASKINS	AST VAUGHN	20 DATE OF DEATH	5 /20	187 8	B HOUR B A M
4 m after p		3 SEX		4.	RACE		5 DATE (DAY YEAR	6. AGE (IN YEARS LAST BIR	MONTH		HOURS MIN.
age	10		emale	OBEIGNI 76	White	WHAT COUN	Jan.	21, 1912	9. BALTIMORE CITY C	YRS.	DE ATH	
oth. F	oce	C	OUNTRY) EW York	OKEIGN //	U.S.		MARRIE	D ENEVER MARRIED	4			
thing de	2/		Y OR TOWN OF DEA	ATH 1			WIDOWI	DR OTHER INSTITUTION	120 USUAL OCCUPAT	Count	_	MD. BUSINESS OR
+ + 7	()	7	owson		SIE-1	A W	AMIS	HOSPICE	Accountant		nila.W	ater Co
AND 213	5	13a S	l RESIDENCE (IF NURS TATE aryland	136 COUNT Balti	THER INSTITUTION Y .more	13t. CITY OR TOWSO	TOWN	136 INSIDE CITY LIMITS?	130.STREET ADDRESS 106 Kenil	ZIP CODE worth Pa	Apt. rk Dr	
SAL TON	5-26	14. FA	THER'S NAME	AAII	DDIE	LAST		15. MOTHER'S MAIDEN N	AME		1.67	
WA THE	\$()		Lee	7410	DUIL	Gask		Helen	WIDDLE	F	ettit	
RE S SE	1 100		'AS DECEASED EVER		ED FORCES?	166 SOCIALS	SECURITY NO.	17. INFORMANT	ADDR	SS		
OWI	1/	No		(IF YES, GIVE Y	WAR OR DATES)	163-01	L-6002A	Dewey O. V.	aughn - same	as #13e	3	
., BALT	‡ Pe		18 CAUSE OF DEAT	H (Enter only	one couse per	line for (g), (b	11, and (c).1				APPROXIMA BETWEEN ON	ATE INTERVAL SET AND DEATH
T., B	event, th		PART I. DEATH W	AS CAUSED		PAN	CRE ATI	C CANCE	X		200	No.
ON S ding orbo	atic e					R AS A CONSI						-
death death we o	traumatic		Conditions, if ony,	which	(b)	K AS A COITS	EGOETICE OF					
he o	ar fr		gove rise to imr	nediote	DUETO	R AS A CONSI	EQUENCE OF					
by by dase	Then please rer to burial, crem injury, or other	١,		lost	(6)	WAS A COLIS	E GOET TOE OF					
DS, 20 quires t signed hen ple to burio		N.	PART 2. OTHER SIGN	VIFICANT CO	NDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN	PART ho	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The law requires that the death certificate be may that min 24 hours of attending physicion. After this certificate been signed by the attending physicion and conflictly filled in by as the buriol-transit permit. Then please remove corbonoppers, paging the modild be filled the ond Mental Hygiene prior to buriol, cremation, or removols.		CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WE	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	CAUSES O	S USED F DEATH?
SION OF VITAL R PHYSICIAN: The I ending physicion. this certificate hos te buriol-tronsit pe ad Mental Hygiene	shows	ERT	21a. ACCIDENT WAS UND	DERLYING	21b. TIME C			21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJU			140
N OF VITA SICIAN: Th ng physicio certificate I rriol-tronsit ental Hygie	E		OR CONTRIBUTING				DAY YEAR					
ON C HYSIC ding ding is cer buric Men	or Hem	MEDICAL	(IF EITHER, NOTIFY MEDI-			M. OF INJURY	19	211 LOCATION				
NG PH NG PH offer this of the b	21 is morked o	WE	WHILE NOT WE AT WORK	THE T		REET, FACTORY, OF	FICE, FARM, ETC }	STREET	CITY OR TO		VINIO	STATE
TENDI fol or OR: A	.s		22a.1 certify that (1)		1) oftended the	e deceased fr		15 , 19 5				tad (law) I to
			sow the decease above, (1) (ve) (ad plive on aid (did not)	view the body	ofter death.		nd that in (my) (our opinion	death occurred on the d			
AL OR AT y the hosp (AL DIRECT detoched for	Hen		226. SIGNATURE	1	00	1	4	DEGREE ATTENDING	MEDICAL STA		22c. DATE SI	GNED
ral y th y th deto	= 1		Call	ax	, 000	yai	rder	PHYSICIAN	DIRECTOR PHYSIC	IAN	5-5	087
HOSPITAL ined by th FUNERAL wild be det	STAP		22d PHYSICIAN'S NA					220 ADDRESS Stel	la Maris Hos	pice		
TO HOSPITAL (retained by the TO FUNERAL I should be detain with the State I	MPORTANT: If Hem		Ca	ria S.	Alexa	nder, M	1.D.		v Valley Rd.	After	m, MD	21204
7 in E 43	≤ /	23a B	URIAL, CREMATION,	REMOVAL	23b. DATE		23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION		JNIY	STATE
BP	_	B	irial		5-22-	87	Loudon	Park Cemeter				Md.
DHMH - 16 60M	7/84	24 FL	NERAL DIRECTOR			ADDR	1050		TE REC'D. BY REGISTRAR			
(VRA 15, 4)		R	ick Towson	Funer	al Hom	e, Inc.	.,Towsor	,Md.21204 M	AY 25 1987	Julia Das	iden-Ke	adalla



054862 JUN

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT	
LAST	7g. D

-	107	FOR STATE REGISTRAR	0		HEALTH AND MENTAL HYG	REG. NO.	3 2 0 2
	TYPE	CEASED NAME FIRST OR PRINT) WILLIAM	MIDDLE B	Vi	tek		20 -87 26. HOUR
	3. SE	MALE	Cauc	5 DATE O		6 AGE (IN YEARS LAST BIRTHDAY) 80 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
1		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT CO USA	MARRIE	D NEVER MARRIED D	Baltimore Cou	
	Du	ity or town of death andalk	3030 Dunglo	ow Road	or other institution	170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING ACCOUNTANT	126 KIND OF BUSINESS OR INDUSTRY
1100	2	Md. IF NURSING HOME OR 136 COUN Balt		nce before admission) OR TOWN NOALK	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS 3030 Dunglow F	Road 21222
1 30	-	Wenceslaus	MIDDLE Vite	e K	Frantiska	ME MIDDLE	= LAST
	16a W	VAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVI	122210 000 011112	03-8496	Robert Vitel	ADDRESS k 3030DunglowRoa	ad 21222
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT	D RV	piratio	N PASUMOI	ula	BETWEEN ONSET AND DEATH
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	KZIME	es Disens	s E Chogoble)	10 tyrs
	NOI	PART 2 OTHER SIGNIFICANT C	4	DISCAS E	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION G	IVEN IN PART 110
	CERTIFICATION	190 DATE OF OPERATION	1% CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	Crawiol only INCERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)
2	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	P.M.	19		RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2}
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTOR)		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
		22a.1 certify that (1) this hospit saw the deceaned after an above (1) we found did not 22b. SIGNATURE	5-14	/ 19 87	DEGREE	, to 5 - 2 0 death occurred on the date and ha	our and from the causes stated 272. DATE SIGNED 5-21-87
		22d. PHYSICIAN YAME (TYPE OF	JR. BURT	\	22e ADDRESS	STERN AVE	BAHIMORC 212
	23a B	SURIAL, CREMATION, REMOVAL Burial	23b DATE 5/23/87	23c. NAME OF C	EMETERY OR CREMATORY S of Faith	ROSSVIILE Bal	Ltimore MAryland

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the burial-transit permit. I with the State Dept. of Health and Mental Hygiene prior

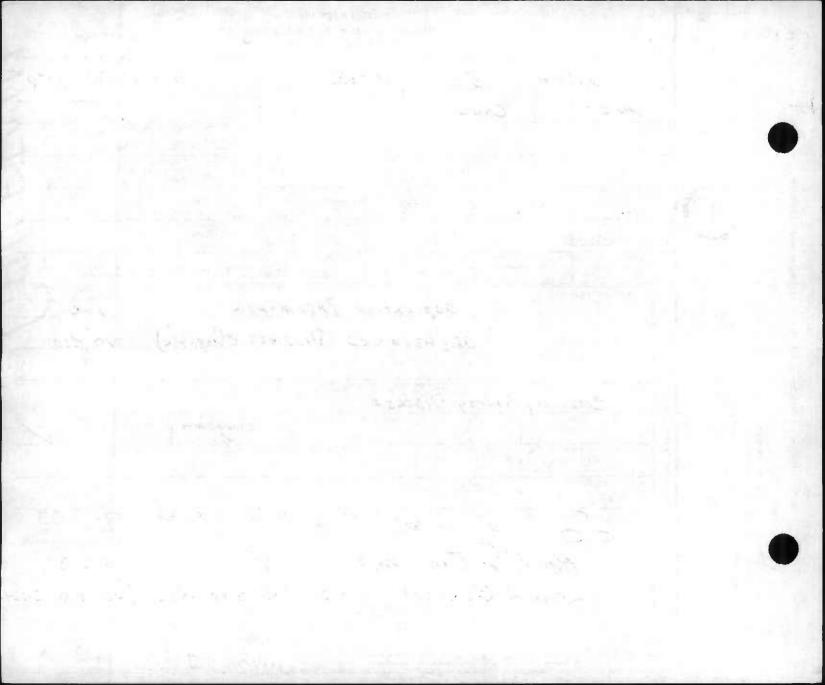
morked or Item 18 shows ony

MPORTANT: If Hem 21 is

24 FUNERAL DIRECTOR ConnellyFuneral Home of Dundalk 21222

23c NAME OF CEMETERY OF CREMATORY Gardens of Faith 23d LOCATION ROSSVIILE Baltimore MAryland

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



attending physician and lave carbon papers. Pages

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_		FOR	
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le-sa	(REGISTRAR	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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			4

	REGISTRAR			CERTIF	ICAIE OF DEATH	0 /	REG. N	0		-	
	DECEASED NAME FIRST		WIDDLE	L	AST	20. DATE OF		MONTH	DAY YEA	R 26 HO	UR
Ľ	ARDEI	L	L.	V	OCKE	MAY	12,	1987		8:	30 RM
3.	. SEX	4 RACE		5. DATE C		6 AGE INY	EARS LAST BI	RTHDAY)	IF UNDER I Y	AR IF UNDE	R 24 HRS
	Female	White	е	Jan	. 29, 1941	46		YRS	MONTHS DA	HOURS	MIN.
7	BIRTHPLACE STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D X NEVER MARRIED	9 BALTIMO	RE CITY		Y OF DEATH		
	Maryland	U.S.	Α.	WIDOWE		Bal	timo	ore C	county	,	MD.
) 10	0. CITY OR TOWN OF DEATH 21234	(IF NOT IN SUC	HOSPITAL, NURSING THEACILITY, GIVE STREET A Kendale	ODRESS)	OR OTHER INSTITUTION	12a USUAL	OCCUPAT	ION OF WORKING I	12b. KIN LIFE) INDUST	D OF BUSIN	-
	4		GIVE RESIDENCE BEFORE 131. CITY OR TOWN 21234	1	13d. INSIDE CITY LIMITS?	13. STREET 4	ADDRESS Ker	/ ZIP COD	Rd.	2123	4
14	Arthur	WIDDLE	Machen	er	15. MOTHER'S MAIDEN NAME EMMA	ME	WIDDLE		Моу	rer	
16	60 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	166 SOCIAL SECUR	ITY NO.	17 INFORMANT		ADDR	ESS			
E	No -		213-38-	9444	Robert S. V	ocke	8307	Ken	dale	Rd.2	1234
	gave rise to immediate cause (a), stating the underlying cause last.	((c)_	R AS A CONSEQUE		NOT RELATED TO THE TERM	UNAL DISEAS	E OR CON	DITION G	IVEN IN PAR	Na	
	PART 2. OTHER SIGNIFICANT				N WAS PERFORMED	20a AUTO	PSY?	20b. IF YE	S, WERE FIN	DINGS USE	
	PART 2. OTHER SIGNIFICANT 198 DATE OF OPERATION	196 COND	ITION FOR WHICH (N WAS PERFORMED	20a AUTO	PSY?	20b. IF YE IN CERT Y	ES, WERE FIN IFYING CAU	DINGS USE SES OF DEA NO	TH?
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 COND 216 TIME O HOUR A	FINJURY M. MONTH DA	OPERATIO		20a AUTO	PSY?	20b. IF YE IN CERT Y	ES, WERE FIN IFYING CAU	DINGS USE SES OF DEA NO	TH?
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	196 COND 216 TIME CO HOUR A. R) P. 21e PLACE	ITION FOR WHICH (FINJURY M. MONTH DA' M.	OPERATION Y YEAR 19	N WAS PERFORMED	20a AUTO	PSY?	206. IF YE IN CERT Y	ES, WERE FIN IFYING CAU	DINGS USE SES OF DEA NO	TH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (I) (this hasp sow the deceased alive a above, (I) (we) (did) (did in 22b. 316.N A 7 (1)	21b. TIME O HOUR A. (R) P. 21e PLACE (AT HOME, STI	ITION FOR WHICH (OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA	Y YEAR 19 RM ETC)	N WAS PERFORMED 21c. HOW INJURY OCCURS	200 AUTO YES RED (ENTER NA, to death occurre-	NO TURE OF INJU	20b. IF YE IN CERT Y	ES, WERE FINIFYING CAU FES PART I ORPART COUNTY , 19 ur and from	DINGS USE SES OF DEA NO	TH? STATE (we) lost
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hosp saw the deceosed alive a above, (1) (we) (did) (did	21b. TIME O HOUR A. (R) P. 21e PLACE (AT HOME, STI	ITION FOR WHICH (OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FA	Y YEAR 19 RM ETC)	211. HOW INJURY OCCURS 211. LOCATION STREET 19 ad that in (my) (aur) apinion of	200 AUTO YES RED (ENTER NA, to death occurre-	NO TURE OF INJU	20b. IF YE IN CERT Y	ES, WERE FINIFYING CAU FES PART I ORPART COUNTY , 19 ur and from	DINGS USE SES OF DEA NO 2)	TH? STATE (we) lost

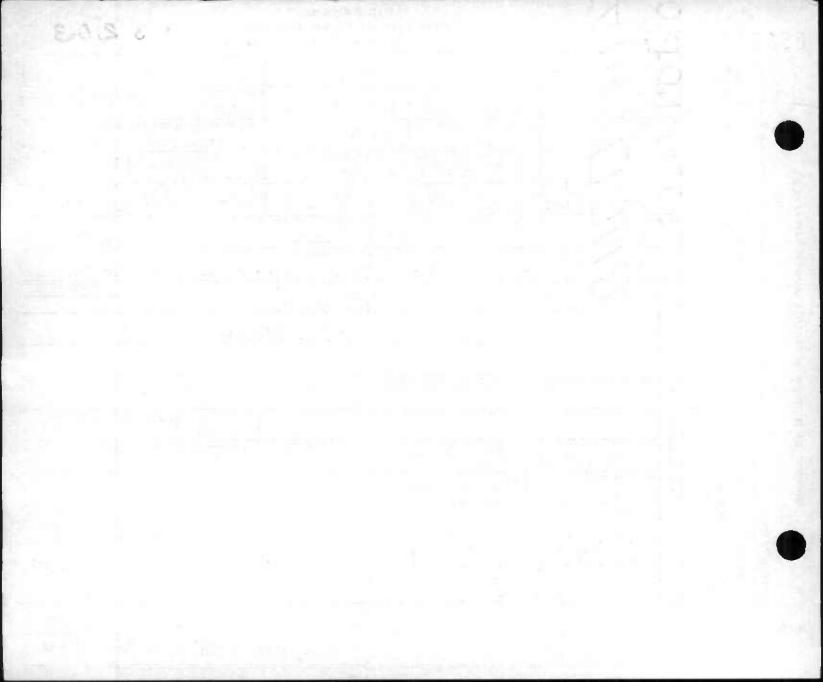
DHMH - 16 60M 7/84 (VRA 15, 4)

10 FUNERAL DIRECTOR, Ah-shauld be detached for use as with the State Dept, of Mealth MPORTANT, If Nem 21 is m

CREMATION

87 GREEN MOUNT CEMETERY BALTIMORE, MARYLAND 250. DATE REC'D. BY REGISTRAR 256 REGISTRAD SOSIONAL RE-

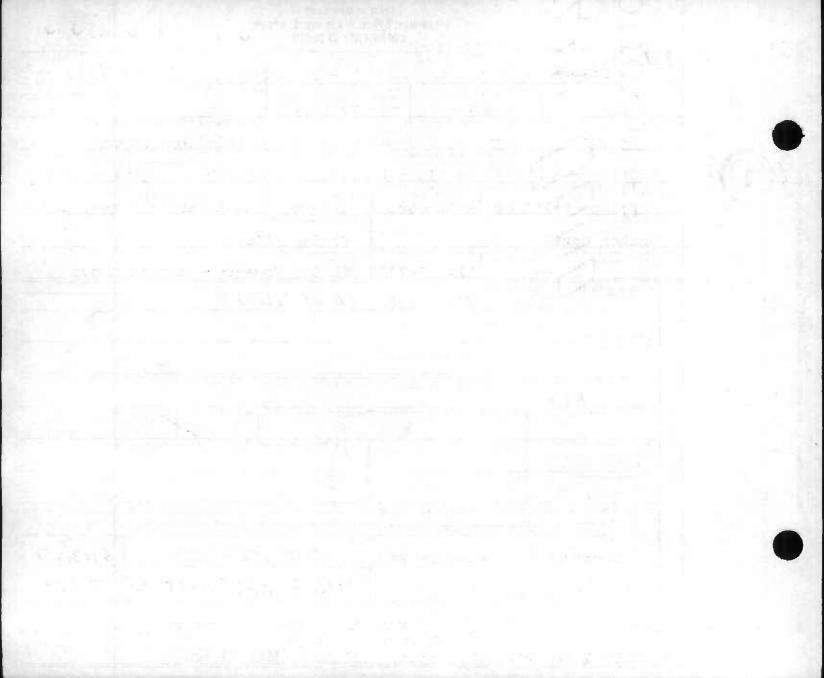
24 FUNERAL DIRECTOR
NAME
WILLIAM E LOCH RAVEN BLVD. JOHNSON 8521



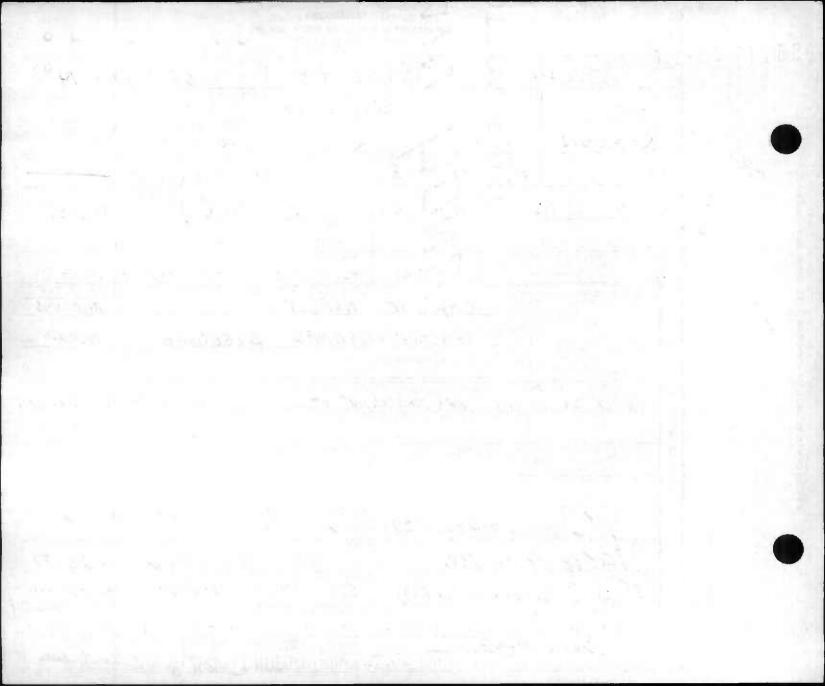
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)55002 Jul	12	FOR STATE REGISTRAR		CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		4	0 4
/		CEASED NAME FIRST OR PRINT;	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
4 4 A		Marie			nelker	M _i		1987	5:00AM
5 T	1 SE	(4. RACE	5. DATE O		6. AGE (IN YEARS LAST BIR	HDAY) IF U		HOURS MIN.
- 9 9 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2	Female	White	12	26 1900	86	YRS.		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY? USA	MARRIE WIDOWI	D NEVER MARRIED	9 BALTIMORE CITY O	rcounty of timore		MD.
See		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Eastpoint Nursi	T ADDRESS)		120 USUAL OCCUPATION OF WORK FOR MOST OF HOMEMAKE	F WORKING LIFE)	12b. KIND OF INDUSTRY	BUSINESS OR
	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 13. COUNTY AT 13. C	OTHER INSTITUTION, GIVE RESIDENCE BEFORM 130 CITY OR TOVE Baltimo	VN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 6601 Laure	zip code Tton Av	enue/	21214
(1) 100	200	THER'S NAME George C. Metzg	MIDDLE LAST		15. MOTHER'S MAIDEN NA Anna Rot	MIDDLE		LAST	
	160 V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	URITY NO.	17. INFORMANT		ss Balti	imore,	MD
1 10 1	1-1	YES, NO OR UNKNOWN) (# YES, GIV	215 - 54 -	0386	John A. Voel				
physicia physicia papers moveth		8 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one cause per line far (a), (b), a ED BY: TE CAUSE (a)	nd (c)	money are	25		APPROXIM BETWEEN ON	ATE INTERVAL ISET AND DEATH
ding orbo		The state of the s	DUE TO, OR AS A CONSEQU	IENCE OF					
Section of the control of the contro		Canditians, if any, which		00					
by the a by the a ose rema complex tra		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	JENCE OF					
Squires 1 hen ples to burio njury, or	Z O	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN	IN PART 1(a	
on. has been t permit	CERTIFICATION	90. DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [VERE FINDING NG CAUSES C	GS USED OF DEATH? NO
CLAN. T physics retificate pletons red Hyp	277.4	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	TY IN ITEM TE PART	I OR PART 2)	
G PHYS of PHYS of the bur ond Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE	FARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
N = 4 2 0			ital) attended the deceased fram		. 19	, ta	, 19.	, tl	nat (I) (we) last
TTES Pitol Pot in 21 in	ı	saw the deceased alive an	n19 at) view the bady after death.	, a	nd that in (my) (aur) apınian	death accurred an the de	ate and haur a	nd fram the co	auses stated
oched ben if hem	l	77% SABALATURE	1 / wew the body offer death.		DEGREE		_	22c. DATE S	IGNED
The second secon		Paul B	Vallet ans		ATTENDING PHYSICIAN [MEDICAL STA	I W	6/1	187
HOSPITAL med by th FUNERAL uld be det the State	1	220 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS				
O FUNERAL POSTA O FUNERAL POSTANT		Paul.	A Valle TX	- hrs	Eastpoint	: Nursing Ho	me Ba	ltimore	e Co., MI
5 5 5 5 5 5	23o.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF	EMETERY OR CREMATORY	23d LOCATION		COLDITY	STATE
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(VRA 15, 4)		"Dippel Funer	al Home 7110 B	elair	Kd.	1987 1987	Julia D	cordern-7	Candallo

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	1-	FOR STATE	DEPAI	RTMENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG	IENE ₈ 7	1 3	205
51000 000	1 65		A. Voss		FICATE OF DEATH	REG. NO		
age 3 death	(TYPE	CRASED NAME FIRST	A.		10SS		5 22	87 4:00 PM
may po	3. SE)		4 RACE	5. DATE (OF BIRTH	6. AGE (IN YEARS LAST BIRTI	HDAY) IF UP	NDER I YEAR IF UNDER 24 HRS
ge 4		Fémale	Caucasian		2.17.1911	75	YRS.	TIS DATS MOUNS MIN.
h. Po		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTR	Y2 8	D NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF	DEATH
de or		Balto,Md.	USA	WIDOW	ED NORCED	Baltimo		
11 12	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR		OR OTHER INSTITUTION	128 USUAL OCCUPATION OF WORK FOR MOST OF		126. KIND OF BUSINESS OR INDUSTRY
11 11 12		Baltimore	8933 Carli		ve,21236	Clerk		Law Office
120	13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 13b. COUN			13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /		
2 10	10.54	Maryland Bal	timore Balti	nore	YES NO	8933 Car	lisle	Ave, 21236
1 100	14. FA	THER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NA/	MIDDLE		LAST
		<u>Walter Hartk</u>				ller		
9 PE 9/		(AS DECEASED EVER IN U.S. AR. ES. NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)		17 INFORMANT			
1 1 1 V		NO -	- 212-0	3-7088	William Vo	ss-Son-sa	me as	
decate physic naape moval eest, th		PART I. DEATH WAS CAUSE		ond (ct.)	CA of Col	ON		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
S Control		IMMEDIAI	E CAUSE (a)	JUGGE OF				
Security Control of Co		Conditions, if any, which	DUE TO, OR AS A CONSEC	JUENCE OF				
r the o		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	DUENCE OF				
0 to 10 to 1			(c)					
RDS, repuire r	NO	N/A	CONDITIONS CONTRIBUTING 1	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONL	IIION GIVEN I	N PART II a
Description of property of pro	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	JM CERTIFYING	ERE FINDINGS USED G CAUSES OF DEATH?
4 4 4 4 4 4	ERTI	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURE	YES NO NO PER NATURE OF INITIAL	YES _	
A STATE OF		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH			TENTER HATORE OF HATOR	, wanted the control	OK - ALL LY
Meridian Signature	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211 LOCATION			
others the street of the stree	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFI	E, FARM, ETC }	STREET	(ITY OR TOV	VN	COUNTY STATE
O S S S S S S S S S S S S S S S S S S S		22a I certify that (I) (this hospi				, to	. 19_	, that (1) (we) last
2 4 6 5 6 7 7		sow the deceased alive an abave, (I) (we) (did) (did na	t) view the bady after death.	, a	nd that in (my) (our) opinian	death occurred an the da	te and hour an	d from the causes stated
t OR		22b. SIGNATURE NICHON	C. Onmer	- MD	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F	5/23/87
HOSPITAL med by 1 PUNERAL old be det 1 the Stute		224 PHYSICIAN'S NAME (TYPE O		1 - 2	22e ADDRESS			- /
O HOSP		MORTON C	OPMAN		2936 E.	BACTIMEN	EST	21224
Et er e sat		URIAL, CREMATION, REMOVAL			CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	co	DUNTY STATE
BP		Burial	5/29/87	Drui	d Ridge Cem.	Balt	o, Mo	1.
DHMH - 16 60M 7/B4		INERAL DIRECTOR	ADDRES	05 B€	elair Rd 250 DAT	E REC'D. BY REGISTRAR	256 REGISTRAR	Essignature Randock
(VRA 15, 4)	S	CHIMUNEK FUN	ERAL HOME, Ba	lto, Mo	d.21236 N	AY 28 198/	Justin	



	1					STAT	E OF MARYLAND				
	1	FOR STATE			DEP		IEALTH AND MENTAL H	YGIENE 8 7	1	3 2	3 6
155117 JUN -	1 DE	REGISTRAR CEASED NAME	FIRST -	Beulah	MIDDLE C			REG 20. DATE OF DEATI	NO.	DAY YEAR	
yy be age 3 deoth		E OR PRINT) BEZ	ICAT-		E. E.	mery	Wagener SENER	20. DATE OF DEAT	05/2	6/87	26. HOUR 5
4 ma	3. SE		- 4	RACE		5. DATE (6 AGE (IN YEARS LAS	T BIRTHDAY)	MONIHS DAYS	IF UNDER 24 HRS
oge ours o		Female		White	1	Aug	ust 23, 1903	83	YRS		MIN.
# Field	1	IRTHPLACE (STATE OR FO	OREIGN 7		WHAT COUN	MARRIE	D NEVER MARRIED	9 BALTIMORE CIT			
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10 A A A A A A A A A A A A A A A A A A A		Towson	1	St. Je	OSEPH S	STREET AMPRESS) HOSpit		(JYRE OF WORK FOR MC	ST OF WORKING	TIEF INDITOTOV	makina
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours ottending physician and completed within 24 hours soften this certificate been signed by the ottending physician and completed withed in by as the burial-transit permit. Then please remove corban papers. Pages 1 and 1 studie befind that and Mental Hygiene prior to burial, cremation, or removal.	13a.	AL RESIDENCE (IF NURSI STATE	NG HOME OR O	THER INSTITUTION	130 CITY OR	BEFORE ADMISSION	13d. INSIDE CITY LIMITS?			11	CHICK
AN 22	IF	lorida	Charl	otte	Punta	Gorda	YES NO	601 Shre	ve Str	eet, Apt	. 52C
A RY	A P	ATHER'S NAME FIRST		IDDLE	LAS	ī	15. MOTHER'S MAIDEN IN	NAME	E	LAST	
no I on	1	James		entine	Eme		Edith			Greene	
AOR exec	N (WAS DECEASED EVER I	(IF YES, GIVE	WAR OR DATES)		SECURITY NO.	17. INFORMANT		DRESS		1 0.
cion cion					214-74		Mrs. Barba Towson, Ma	ra Jones, 9	Hamps	shire Woo	ds Ct.
ficot ficot physiop novo rent,		18. CAUSE OF DEATH PART I. DEATH WA	AS CAUSED	BY:	r line for (o), (l	b), and Ici.1	ARREST	ryland 212	04		ATE INTERVAL ISET AND DEATH
N SI ding or bor rer			IMMEDIATE		AIP	DINO				1911	00/65
ESTO1 deoth ottend		Conditions, if ony,	which	DUE 10, C	GA CONS	STROIN	TESTINAL	ALGED.	106	He	rups
the of th		gove rise to imm	ediote)		SEQUENCE OF		G 0000.		7,00	
thot thot by sose ol, cr		underlying couse	lost.	(6)	K AS A CONS	SEGOENCE OF					
S, 20	1	PART 2. OTHER SIGN	IFICANTCO	ONDITIONS C	ONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TEL	RMINAL DISEASE OR CO	ONDITION G	IVEN IN PART 10	
ORD requ	ě	ARTERIO	SCLE	ROTIC	CARD	IDVASCU.	LAR DISEAS	E: CERUS	eours	CULAR,	ACCIDENT
REC low	NA NA	19a. DATE OF OPERAT	ION	196. COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF Y IN CERT	ES, WERE FINDING	SS USED OF DEATH?
TAL The icion the horse possible should be sho	CERTIFICATION	21g. ACCIDENT WAS UND	EBIVING [7]	21b. TIME C	DE INTUINI		121 (10)((1))(1)(2)(2)(2)	YES NO		YES []	NO 🗌
OF VI		OR CONTRIBUTING C	AUSE OF DEATH	HOUR A	M. MONTH	DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF I	NJURY IN ITEM 18	8 PART (OR PART 2)	
DING PHYSICI. Or ottending F. After this certific os the buriol- olth and Mento marked of Item	MEDICAL	(IF EITHER, NOTIFY MEDIC			.M. OF INJURY	19	21f LOCATION				
VISION OF PHEN PHEN PHEN PHEN PHEN PHEN PHEN PHEN	W.	WHILE NOT WHILE	LE [(AT HOME, ST	REET, FACTORY, O	FFICE, FARM, ETC)	STREET	CITY O	NWOT	COUNTY	STATE
DIN OF SE OSE OF THE POINT OF T		22a.1 certify that) ottended th	ne deceased f	rom	5-26 19 8	7 10 5	7-26	10 87 th	ot M (we) lost
pritoling for unitarial		sow the deceosed obove, (M) (we) (d olive on_	view the hody	ofter death	19 87,01	nd that in (🎮) (our) opinio	n deoth occurred on the	date and ha		
OR A hos hos hos hos hos hos hos head bept.		226. SIGNATURE	1	/	Oner deam.		DEGREE			22c. DATE SI	GNED
Y the SAL I deto deto ote II. If		Hours	In F	suis,	MD		ATTENDING PHYSICIAN	MEDICAL S	TAFF SICIAN 🕡	5.5	6-87
HOSPIT ned by FUNER uld be of the St		22d PHYSICIAN'S NA	ME (TYPE OR F	PRINT)	1		22e ADDRESS	TOOL MAC	Diin		
O HOS etoined TO FUN should be		MORGE (1.90	SCADA-	LOVIO,	14)	31. 005	XCTN NOX	INU	,1005C	MMD
1/3/1/2/16		BURIAL, CREMATION, R		236. DATE			EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
197 BP 47	24 5	DINERAL DIRECTOR A	tion	5/29/	87	Westvie	w Mem. Pk.			Ito.Co., N	
DHMH - 16-60M 7/84		NAME	arts o	ME	2007200	uno .		ATE REC'D. BY REGISTR			-
(VRA 15, 4)	IVI	artin D. La	wson	, 10 W.	Padon	na Rd. T	imonium, MD	IUN 1 198	Anlia	Diridon R	adding.



(VRA 15, 4)

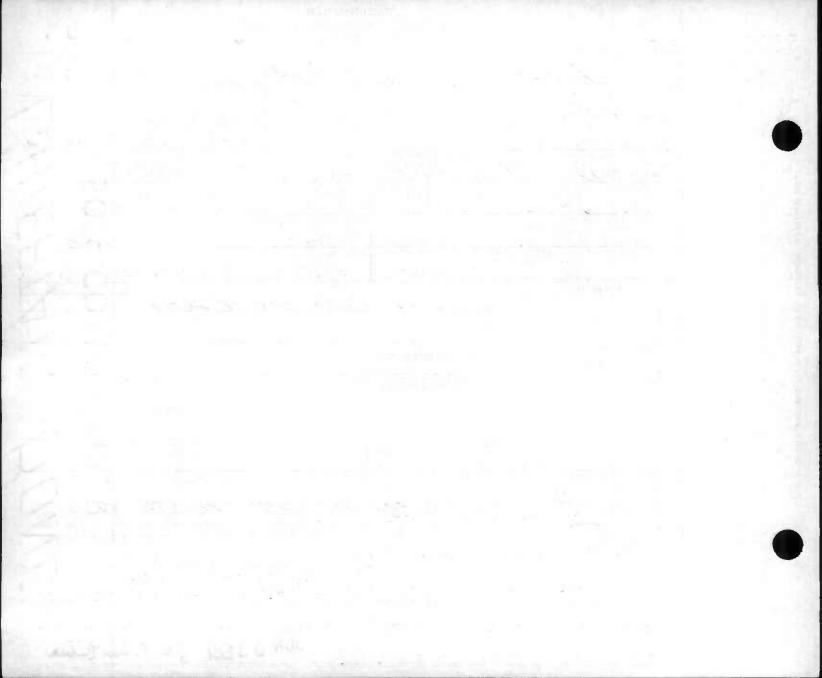
55335 .	1-38	FOR STATE REGISTRAR		DEPARTMENT	STATE OF MARYLAN FOR HEALTH AND ME RTIFICATE OF DE	ENTAL HYGIEN	8 7 _{REG. NO}	0.	3 2	0 7
nay be page 3		CEASED NAME FIRST	A. RACE	I	LAST LIA OF BIRTH	uck	DATE OF DEATH	5 30 THORAY)	DAY. YEAR P 8 1 IF UNDER 1 YEAR	26 HOUR S M IF UNDER 24 HRS
Page 4 t	20 BI	RTHPLACE (STATE OR FOREIGN	White	AT COUNTRY? 8	9 10	YEAR 13	7 BALTIMORE CITY O	3 YRS	OF DEATH	HOURS MIN.
death. B death. Fallental & fall bec	p	ennsylvania	USA	A w	ARRIED MEVER MA DOWED DIVO OME OR OTHER INSTIT	DRCED	29/// USUAL OCCUPATION	200	(00.	1/4
ors offer	7	wsow)	STP//A	CILITY, GIVE STREET ADDRE	is Hose		Electri		126. KIND C INDUSTRY	F BUSINESS OR
AND 21		AL RESIDENCE (# NURSING HOME OF TATE 1136, COL Md Bal	NTY 13c.	residence before admi CITY OR TOWN reeland	YES N	10 1 2	STREET ADDRESS / L425 Mid			. 21053
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours precion and completely lilled in bropper. Poper and 2 should be filled of the medical stemmer all the medical stemmers.	16a V	Frank VAS DECEASED EVER IN U.S. A (15, NO OR UNKNOWN) (18 YES, G	MIDGLE T RMED FORCES? 16b. IVE WAR OR DATES)	Walchu (SOCIAL SECURITY		nes	MIGGLE	SS	Pusta	lak
BALTIMO		18 CAUSE OF DEATH (Enter of PART), DEATH WAS CAUS	nly ane cause per line	91 - 03 - 00 far (a), (b), and (c).			a Walchu			nd, Md
201 W. PRESTON ST., et that the death certificate by the estimating of please endower control of the control o			DUE TO, OR AS	A CONSEQUENCE	OF	NOM	of Su	ng		
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTI	RIBUTING TO DEAT	H BUT NOT RELATED TO	O THE TERMINA	L DISEASE OR CONI	DITION GIV	EN IN PART 11	D
AL RECO	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION	N FOR WHICH OPE	ration was perform		200 AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES S	
DIVISION OF VITAL RECORDS, NG PHYSKLIAN. The low requirements of the buildhouse permit permit of the and Merital Hygara prior to borked or them \$8 shows priving or hard	MEDICAL CEI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OUT OF THE BITHER, NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE PRO	HOUR A.M. P.M. 21e. PLACE OF II	MONTH DAY	YEAR 19 211 LOCATION		(ENTER NATURE OF INJUR		COUNTY	STATE
DIVISI NDIVIC PI I a substantial Weedshand	W	white NOT WHITE AT WORK 220.1 certify that (I) this has	outen attended the de	ceased fram	24 29	19_87	to M	2430	1987.	that (I) (e) lost
At OR ATTE v the hospitu At DIRECTO detroched for the Dept. of it. it hem 21		saw the deceased alive of above, (17 (we) (did) (did not be seen as a seen a	1. Color	r death.	DEGREE ATT	TENDING A	AEDICAL STAF	F IAN X	22c. DATE	
TO FUNES thauld be with the St		22d PHYSICIAN'S NAME (TYPE Carla	Alexande	r, M.D.	22e ADDRESS Dulane	Stella y Vall	Maris H ey RdT	ospi	ce n, MD	21204

Dulaney Valley Rd. - Towson, MD 21204 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE Carroll Md. Hampstead 5 - 31 = 87Cremation

Cremation
24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

Eline Funeral Home, Hampstead

TELENTE REC'D BY REGISTRAR 356 REGISTRAR'S SIGNATURE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH

3	2	O	

	1. DI	FOR STATE REGISTRAR CCEASED NAME FIRST FORPRINT	MIDDLE	CERTIFICATE OF DEATH	REG. NO				
		Richa Richa	rd Wanionek		May 18, 1987				
	1.58	Male	4. RACE White	5. DATE OF BIRTH Dec. 31, DAY 1924	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR GUNDER 24 HOURS MONTHS DAYS HOURS M				
31	2	IRTHPLACE (STATE OR FOREIGN SOUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED MEVER MARRIED WIDOWED DIVORCED	Baltimore County OF DEATH				
0		SSEX 21221	11. NAME OF HOSPITAL, NURSIN INFO INFO INSULA FACILITY, GIVE STREET 214 OR AV	NG HOME OR OTHER INSTITUTION ADDRESS)	120 USUAL OCCUPATION 125 KIND OF BUSINESS INCUSTRY TRUCTION				
36	130	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	or other institution give residence seron NTY 136. CITY OR TOW 1 Limore LSSEX	E ADMISSION) 13d INSIDE CITY LIMITS? YES NO	214 Oak Avenue 21221				
Souther Park	U	ATHER'S NAME Zygmot Wan	ionek LAST	15. MOTHER'S MAIDEN NA	Domanowski LAST				
/medica/		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU WII OR DATES) 219 12		nek, Wife Same				
place remove carban po buriol. Cremation, in remo 17y, or ather fraumatic even		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF BY all a Conditions, if any, which gave rise to immediate							
		cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0							
1	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN IN PART 1(0)				
over day injury.	TIFICATION	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOT NOT				
rem 18 shows ony injury,	CAL CERTIFICATION		19b CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D	OPERATION WAS PERFORMED 216 HOW INJURY OCCUR	200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
sed or hem 18 shows any injury.	MEDICAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	19b CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR 19 211 LOCATION	200 AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \[\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
21 is marked or hem 18 shows day injury.	MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED AT WORK 220. I certify that (1) (this hosp saw the deceased alive a	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, I	AY YEAR 19 216 HOW INJURY OCCUR 19 211 LOCATION STREET	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO REPORTED NO REPORT 2)				
are Dept. of Health and Mental Hygiere print 16 but	MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED AT WORK 220. I certify that (1) (this hosp saw the deceased alive a	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY [AT HOME STREET, FACTORY, OFFICE.]	AY YEAR 19 216 HOW INJURY OCCUR 19 211 LOCATION STREET	200 AUTOPSY? YES NO TO CERTIFYING CAUSES OF DEATH? YES NO TO NO TOWN COUNTY STATE To that (I) (we) 1 death accurred an the date and hour and from the causes stated				
Will the State Depth of Preprint and America Progress profits during MPORTANT. If hem 21 is marked or hem 18 shows day injury,	MEDICAL CERTIFICATION	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE (IF EITHER NOTHER MEDICAL EXAMINE) 21d. INJURY OCCURRED AND WHILE AND WORK 220. I certify that (I) (this hosp saw the deceased alive a above, (I) (west-shaded alive a above, (I) (west-shaded) and a above.	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, I	AY YEAR 19 211 LOCATION STREET 219 211 LOCATION STREET 219 210 LOCATION STREET 210 LOCATIO	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO				

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death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The

retoined by the hospitol

BP.

attending physician

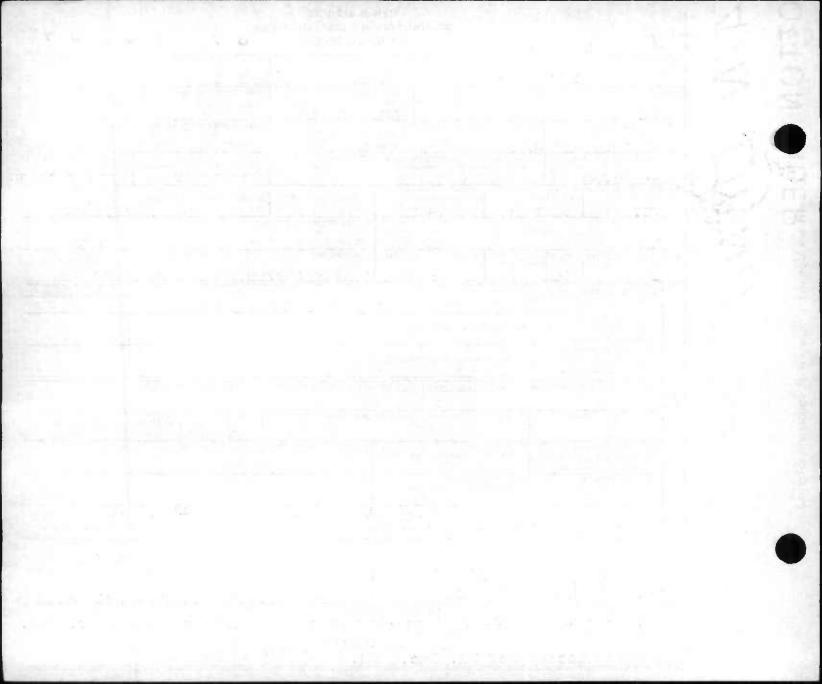
STATE OF MARYLAND

2	1	- 1
	REG. NO.	- 4
	REG. NO.	

	DECEASED NAME	I IN ST		MIDDLE	ı	LAST	20. DATE OF DEATH	MONTH	DAY YEA	R 2b HO
1.	TYPE OR PRINT)	JOHN	LE	ESLIE	WA	ARD.	MAY 19,	1987		
3 5	SEX		4. RACE		S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST		IF UNDER 1 Y	
	MATE		T. 77 T. T. C. C. C.		MONTH			C1		AYS HOURS
	MATLE BIRTHPLACE (STATE	OR FOREIGN	WHITE	WHAT COUNTRY	MARC 2 8		9. BALTIMORE CITY	64 YRS		1
2	COUNTRY)	OR FOREIGN	78. CITIZEN OF	WITAT COUNTRI	MARRIE	D NEVER MARRIED	7. BALTIMORE CITT	OK COOK	III OI DEAN	•
	MARYLAND		U.S.A.		WIDOWE		BALTIMORE			
2 10.	. CITY OR TOWN OF	DEATH		ICH FACILITY, GIVE STREE		OR OTHER INSTITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOS			ID OF BUSIN
	FORT HOWA			DICAL CEN			Carpent	er .	Cor	nstru
	SUAL RESIDENCE (IF)	13b. COUN	OTHER INSTITUTION	13c. CITY OR TO		113d. INSIDE CITY LIMITS?	13e STREET ADDRES	S / ZIP CC	DE S	122
0	MARYLAND	BALT	IMORE	BALTIMO	RE	YES NO X	1528 BOWI		trans 1	S ROAL
7 14	FATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN N				
	JOHN	^	MIDDLE	WARD		FLORENCE	WIDDIE		т	ANG
	WAS DECEASED EV		MED FORCES?	10.00		17 INFORMANT	ADD	RESS		PALVO
	(YES, NO OR UNKNOWN)		WAR OR DATES)	120 10	0516	OT TATOME DESCRIPTION	ODDG IMMG	TODE	TIOUTAD	7 300
	YES	WII		138 18		CLINICAL REC	URDS, VAMU,	FURI		
	18. CAUSE OF DE			er line for (a), (b), a		OF COLON wit			BETW	PROXIMATE INTE
	Conditions, if cogove rise to couse (a), st	immediate ating the	DUE TO, C	dr as a consequ	JENCE OF					
z	gove rise to couse (a), st underlying co	immediate ating the use last	DUE TO, C			I NOT RELATED TO THE TER.	minal disease or co	NOITION (GIVEN IN PAR	T lio
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RIFICATION	gove rise to couse (a), st underlying co	immediate ating the use last	DUE TO, CO	ONTRIBUTING TO	DEATH BUT	DN WAS PERFORMED	200 AUTOPSY? YES X NO	20b. IF Y	YES, WERE FIN TIFYING CAU YES []	NDINGS USE ISES OF DEA NO [
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DHMH - 16 60M 7/84

(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Meadowridge Mem. Park

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR - STATE

24 FUNERAL DIRECTOR Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

6/3/87

Burial

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Elkridge

2b HOUR

12b. KIND OF BUSINESS OR

Yankee Enginer

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

10:30pm

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87

INDUSTRY

Brown

YES

COUNTY

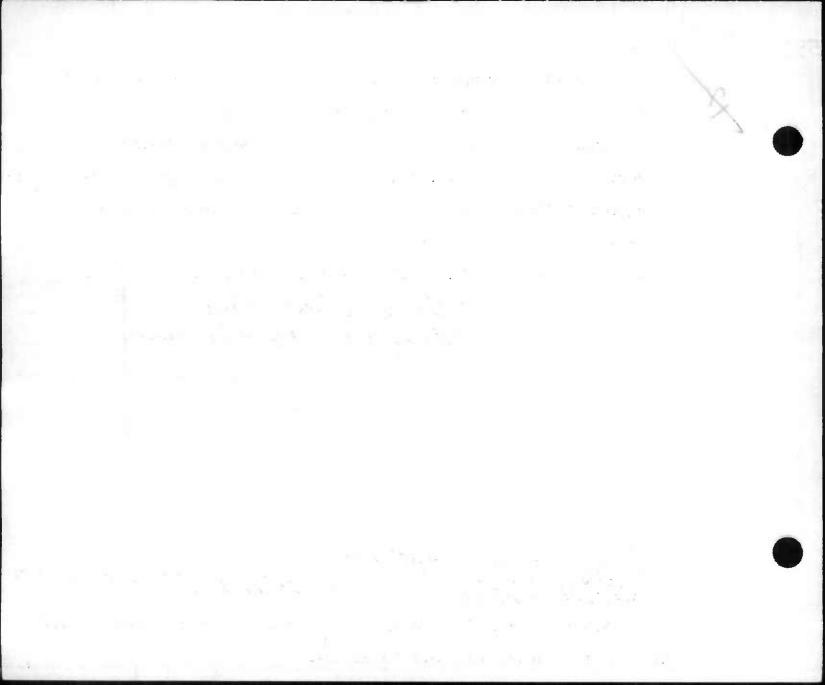
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DHMH - 16 60M 7/B4

(VRA 15, 4)

	STATE OF M	ARYL	AND	
DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
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other of manifestation	
EPARTMENT OF HEALTH AND MENTAL HYGIENE	13
CERTIFICATE OF DEATH	8

	REG. N	10.	3	2		1
	2e. DATE OF DEATH	MONTH 5-	9-1	YEAR BY	2b. HOU	IR SA
Ī	6. AGE (IN YEARS LAST B	RTHDAY)	IF UNDE	RIYEAR	IE UNDER	24 HR
	0.0		MONTHS	DAYS	HOURS	AA II

12b. KIND OF BUSINESS OR

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INDUSTRY

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I. DECEASED NAME (TYPE OR PRINT) FLMER WATERS 4 RACE 3. SEX 5. DATE OF BIRTH MONTH M YEAR 08 7a. BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH STATE OF FOREIGN MARRIED NEVER MARRIED WIDOWED DIVORCED OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
134. COUNTY 136. CITY OR TOWN 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE lanher NO X 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE FIRST Mor 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS IYES. NO OR UNKNOWN) (IE YES, GIVE WAR OR DATES) 105 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY CARDIO RESPIRATO MMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF

(b) VENTRICULAR Canditions, if any, which

gove rise to immediate cause (a), stating the CARDIAL INFARGTION underlying cause last. RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED

HOUR A.M. DAY YEAR MONTH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M

21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY STATE CITY OF TOWN STREET (AT HOME STREET, EACTORY, OFFICE, FARM, ETC.) NOT WHILE

22a.1 certify that (1) (this hospital) attended the deceased from 5-0 saw the deceased alive an S-O - abave, (I) (we) (did) (did nat) view the bady after death and that in (my) (aur) apinion deoth occurred on the date and haur and from the couses stated

22b. SIGNATURE DEGREE 22c. DATE SIGNED STAFF ATTENDING MEDICAL MD PHYSICIAN DIRECTOR PHYSICIAN

22e. ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT)

DEPESTRE 231 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) COUNTY STATE

Buria 5/14/87 Arbutus 24 FUNERAL DIRECTOR

Memoria Arbutus 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

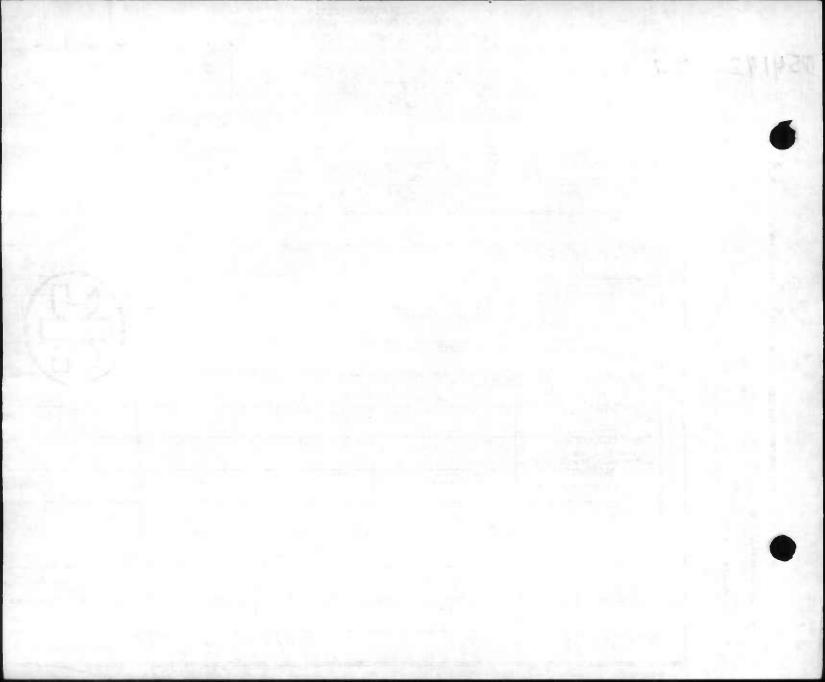
March F/H

FOR STATE REGISTRAR

West 4300 Wabash Avenue

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR MIDDLE 20 DATE OF DEATH MONTH . DECEASED NAME 2b. HOUR TYPE OR PRINT) Josephine WDZIECZNY May 13, 1987 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH SEX Feb. 14, 1918 Female White 70 BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore County Maryland WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR FranklyncusowesiHospital (TYPIONYS END THE BOF WORKING LIFE) INDUMBINE Rossville 21237 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland 13d INSIDE CITY LIMITS? 130 STREET ADDRESS / ZIP CODE 330 Maple Ave. 13ECIY OR JOWN 21221 NOF 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME James Olszewski LAS Juzwiak MIDDLE Bertha 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 66. SOCIAL SECURITY NO 17 INFORMANT Theodore Wdzieczny, Husband (IF YES, GIVE WAR OR DATES) 213 12 2515 Same APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and ic. PART I. DEATH WAS CAUSED BY: Cardiopulmonary Arrest IMMEDIATE CAUSE (o) Chronic Respiratory Failure Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO Chronic Renal Failure 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

AT WORK AT WORK

22a. I certify that (#) (this hospital) attended the deceased from March 26 19.87 to May saw the deceased align on May 13 and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 77% SIGNAPOR 22c. DATE SIGNED DEGREE ATTENDING MEDICAL STAFF

22e ADDRESS

9000 Franklin Sq. Dr., 21237

DIRECTOR PHYSICIAN

The state of the s			=
a. BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23
Burial	5/16/87	Holy Rosary Cemetery	

Baltimore Co. . Md. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Home PA 1407 Old Eastern Ave

Gary Johnson, M.D.

PHYSICIAN |

05/13/87

DHMH - 16 60M 7/84 (VRA 15, 4)

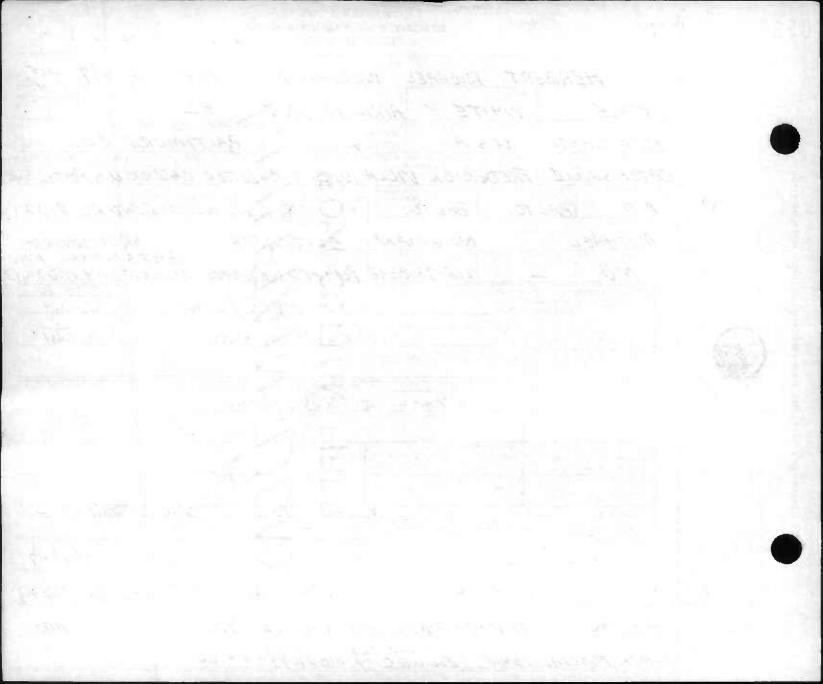
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				STATE OF MARYLAND		
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		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
n 64		CEASED NAME FIRST	MIDDLE	(ASI	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ay be		HERBO		WEIGMAN	MAY 10	, 1707 / PM
ter p	3. SE	X	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
ecto urs o	1	MALE	WHITE	APRIL 18 1905	82 YRS	
62 RL	70 B	RTHPLACE STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	
627	1	MARYLAND	USA	WIDOWED DIVORCED	BALTIMOR	& CO. MD.
1 2 2 2	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	OF HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION 11YPE OF WORK FOR MOST OF WORKING L	126. KIND OF BUSINESS OR
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and		MICHAEL	WEIGH	PAN ELIZAB		KREIMBORG
of too		VAS DECEASED EVER IN U.S. AI			ADDRESS 87	REIMBORG 3 OLD COL. PK.
Poget medico	(YES, NO OR UNKNOWN) (IF YES, GI	- 215-28	8848 BERNARD WI		FCITY MD 2104
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D San		DART 2 OTHER SIGNIFICANT	(c)	DEATH BUT NOT RELATED TO THE TERM	LINAL DISCASS OR CONDITION OF	VENTINI BART 1:-
5 a 6 5	Z	PART 2. OTHER SIGNIFICANT	1711	11 1/2 00	Leve-	VEIN IN PART 110
prior I	CERTIFICATION	190 DATE OF OPERATION	19h CONDITION FOR WHICH	OPERATION WAS PERFORMED	/	S, WERE FINDINGS USED
ne p	FI			0	IN CERT	FYING CAUSES OF DEATH?
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il-tron		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	TENTER INTOICE OF FIGURE AT THE STATE OF THE	
burial-th burial-th I Mental or Item	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	211 LOCATION		
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Oche Dep If Ite		22b. SIGNATURE	2 2 D	DEGREE ATTENDING	MEDICAL _ STAFF _	22c. DATE SIGNED
_ + W		Jumes /	1 lolun	PHYSICIAN J	DIRECTOR PHYSICIAN	3/11/8/
FUNERAL uid be det in the State		22d PHYSICIAN'S NAME (TIPE		22e. ADDRESS	0000 300	20 1000
should be de with the State		2	JNOLAN	/ Massew /	ill od sallymi	one 140 H229
F 20 3 ₹ 1	23a	BURIAL, CREMATION, REMOVA	L 236. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
1/		BURIAL	13 MAY 87 NO	EW CATHETARAL CEN	- 4	MTD.
- 16 60M 7/84	24 F	UNERAL DIRECTOR	ADDRESS	BOX 268 250 DAT	E REC'D. BY REGISTRAR 25b. REGIS	TRAR'S SIGNATURE
(A 15, 4)	5	LACK FUNCTUAL		TOUT MD 21044	11 7 4 1881	



	STATE OF MARYLAND
OR .	DEPARTMENT OF HEALTH AND MEN
TATE	CENTIFICATE OF DEAT

^{24 FUNERSCHIMONEK} FUNERAL HOME, INC. 9705 Belair Rd., Balto. Md. 21236

MENTAL HYGIEN

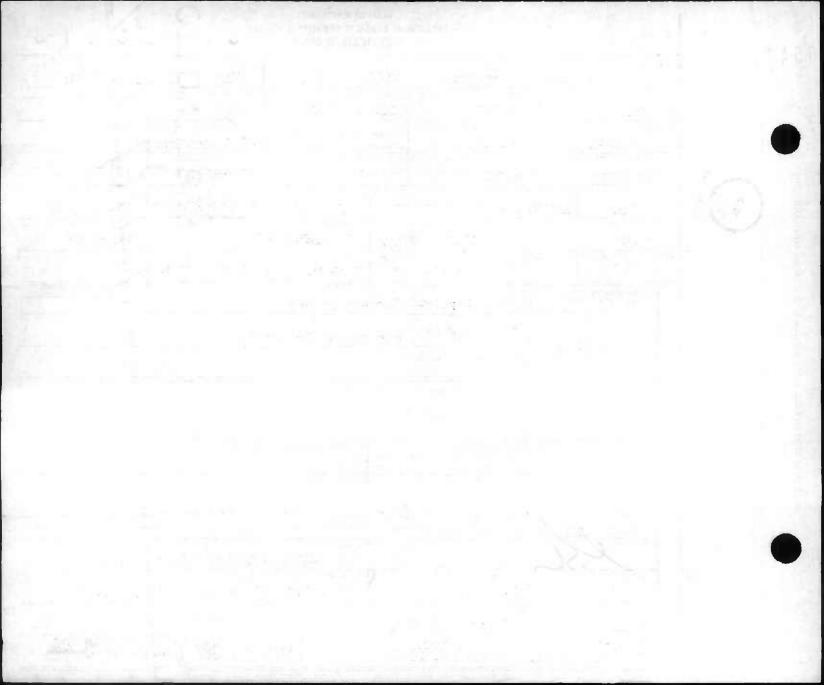
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. DATE OF	DEATH	MONTH	DAY	YEAR	2b HC	UR
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-	REGISTRAR .				CEKIII	ICATE OF DEATH	R	EG. NO.	9 844	
1. Di	CEASED NAME	FIRST	1	MIDDLE	1	AST	2a. DATE OF DE	ATH MONTH	DAY YEAR	2b HOUR
(146	J(oseph	PATI	RICK	WELS	SH SR.	May	19,198	7	8:53 a M
3. SE	EX		4 RACE		5. DATE C		6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER I YEAR	
/	MALE		WHITT	Ξ	MARCH	23 1919 YEAR	68	YRS.	MONTHS DAYS	HOURS MIN.
	SIRTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	D NEVER MARRIED	9 BALTIMORE	ITY OR COUNTY	OF DEATH	
	PENNA.		U.S.A	A.	WIDOWE		Baltimor	e County		MD
10/0	ITY OR TOWN OF DE.	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120. USUAL OCC		12b. KIND C	OF BUSINESS OR
_	BALTIMORE		FRANKLI	N SQUARE	HOSPI	TAL	SELFEM	PLOYED	COV	VIRACTOR
	AL RESIDENCE (IF NUR STATE MD.	13b COUN		GIVE RESIDENCE BEFOR 13c. CITY OR TOW BALTIMO	/N	13d. INSIDE CITY LIMITS? YES NO 🖔	3 BEESO	RESS / ZIP CODE N COURT	APT. D	21236
14:F	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA		DDIE	- 14	C7
1	EDWIN		1	WELSH		CATHERI	NE]	DOUGHE	YTY.
	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDRESS		
	10	(# 125,011	. WAN ON DATEST	183-09-8	3406	ANNA M. WELS	H (WIFE)	SAME AD	DRESS	
NO	Conditions, if ony gove rise to immicouse (o), storii underlying couse	mediote ng the e lost	(c)	R AS A CONSEQU		NOT RELATED TO THE TERM	IINAL DISEASE OR	CONDITION GIV	EN IN PART 10	la
CERTIFICATION	19a DATE OF OPERA	TION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY	IN CERTIF	, WERE FINDIN	NGS USED S OF DEATH?
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MEDICAL	21d INJURY OCCUR WHILE AT WORK NOT WE AT WORK	HILE	21e PLACE	EET. FACTORY, OFFICE, I		211 LOCATION STREET		Y OR TOWN	COUNTY	STATE
	22a I certify that (I)			10	May 5	nd that in (MX) (our) apinion (, to _May death occurred on	the date and hour	ond from the	that (* (we) lost couses stated
	22b. SIGNATUR	56				DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF PHYSICIAN	May	19, 1987
	22d PHYSICIAN'S N Thomas			MD		9000 Frank	lin Squa	re Drive.	, 2123	7
23a.	BURIAL, CREMATION,	REMOVAL	23b. DATE 5/23/		NAME OF C	EMETERY OR CREMATORY	23d LOCATION BALT	N TMORE	COUNTY	MD.

BP

DHMH - 16 60M 7/84 (VRA 15, 4)

250. DATE REC'D, BY REGISTRAR 166. REGISTRAB 5 SIGNATURE MAY 22 1981 Julia Distriction Company



.055062

1	1			STA	TE OF MARYLAND			
	1.	FOR STATE			HEALTH AND MENTAL HY	GIENE 2	1 3 9	1 6
	-2	REGISTRAR		CERTI	FICATE OF DEATH	REG. NO	1 0 2	
		CEASED NAME DEST	,	MIDDLE	LAST NUTTI	20 DATE OF DEATH M	MONTH DAY YEAR	26 HOUR
	,,,,,	THUL		y. NE.	KINKIH	02	-31-8	1 9 000
	3 SEX	4/4/	4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTH		
	1	MALE	W	hite //	18 1908	78	YRS. MONTHS DAY	S HOURS MIN.
7		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY? 8.	ED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
		MD.	USA	WIDOW		Balto. Con	inty	MD.
1	10-CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATIO		OF BUSINESS OR
1	-	Towson	St. Jo	seph Hospital		Mgr. U.S.F.	WORKING LIFE) INDUSTR	
1	USUA 130. S	AL RESIDENCE (IF NURS IN DIE COUL		GIVE RESIDENCE BEFORE ADMISSION	13d. INSIDE CITY LIMITS?	112. STREET ADDRESS /	ZID CODE	
	Post	Md.	31,1	Baltimore	YES NO	13e. 3603 DRESS ti	fern Avenue	21214
20	II. FA	THER'S NAME	7	4.6	15. MOTHER'S MAIDEN NA			
A		William	MIDDLE	Werneth	Mary	WIDDIE	McEnane	ý
		AS DECEASED EVER IN U.S. AR		166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRES		
-	(4	YES, NO OR UNKNOWN) (IF YES, GI	WAS OR DATES)	215-07-8598	Mr. George W	V. Wood III	2 Wide Broo	k Ct.
		18 CAUSE OF DEATH (Enter or	nly ane cause per	line far (a), (b), and ic)			APPRO	OXIMATE INTERVAL IN ONSET AND DEATH
		PART I, DEATH WAS CAUSE	D BY: TE CAUSE (a)	cargiors	spicatory	acces	7.	
				R AS A CONSEQUENCE OF	,0	X		
		Conditions, if any, which	(b)	Cerencons	a rolusi	contant		
		gave rise to immediate cause (a), stating the	DUETO	R AS A CONSEQUENCE OF				
		underlying cause last	((c)	AS A CONSEQUENCE OF				
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE OR COND	ITION GIVEN IN PART	lta:
	CERTIFICATION							
7	CAT	19a. DATE OF OPERATION	19b COND	TION FOR WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINE IN CERTIFYING CAUSE	
-	H H	Service Services				YES NO	YES	NO [
,	e e	210 ACCIDENT WAS UNDERLYING	110110 4	FINJURY M. MONTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INVERY	IN ITEM 18 PART 1 OR PART 2)
	AL:	OR CONTRIBUTING CAUSE OF DEA	ALIE .					
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY	211 LOCATION	CITY OR TOW	N COUNTY	STATE
	Σ	WHILE NOT WHILE AT WORK	(AT HOME, STE	EET, FACTORY, OFFICE, FARM, ETC.)	SIKEEI	CIII OK TOW	Country	31416
		220.1 certify that (I) (this haspi	tal) attended th	e deceased from	, 19	, to	. 19	, that (I) (we) last
		sow the deceased alive an abave, (I) (we) (did) (did no	t) view the body	ofter double	and that in (my) (aur) apinion	death occurred an the dot	e and hour and fram th	ne causes stated
		22b. SIGNATURE	it leden the body	Offer delita	DESSEE		22c. DA	TE SIGNED
		NV.C	1.6/	KhDow	ATTENDING PHYSICIAN	MEDICAL STAFF	ANA S	-31-41
-		THE DUNE PRINCE STAND			122- ADDRESS		- K	. 0.

236 NAME OF CEMETERY OR CREMATORY
Moreland Memorial

DHMH · 16 60M 7/84 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove corban page with the State Dept of Health and Mental Hygiene prior to burial, cremation, or remove IMPORTANT: If Item 21 is marked or them. 18 shows any injury, or other traumatic event, the

24. FUNERAL DIRECTOR
Leonard J. Ruck Inc. Baltimore, Maryland

230. BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial**

June 3,1987

ATORY 234 LOCATION CHYPORJOWN Baltimore Maryland
256 DATE REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE

STATE

UN 1 1987 Julia Dividion Rudale

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Balta. County

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Jairounk booleand Kreetin

bookered d. mot Inc. Halthere, Morrison

sly filled in by the funeral director page 3 should be filed within 72 hours after death

Hinding physicion and correction on correction of correction of correction of correction of corrections of corr

executed within 24 hours ofter death. Page

TOR DEPARTMEN

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

8	REG. N	10.	3	2	i .	4
ATE OF	DEATH	HINOM	DAY	YEAR	26 HOUR	

	REGISTRAR				CERTII	ICAIL OI DEA		REG. NO	J.		
	CEASED NAME	FIRST		MIDDLE	-	LAST	20 D	ATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
Time	OK PRINT)	,Tc	hn Edvar	Meet				5/3/87			1
. SEX			4. RACE	7,000		OF BIRTH	6. AC	E (IN YEARS LAST BIRT		FUNDER 1 YEAR	IF UNDER 24
	Male		Com	i	MONT	9/09	YEAR	70		ONTHS DATS	HOURS
a. Bil	RTHPLACE (STATE OF	R FOREIGN	7b. CITIZEN OF	MHAT COUNT	DV2 B		- 9. BA	78 LTIMORE CITY O	R COUNTY O	OF DEATH	
C	OUNTRY)					ED KNEVER MARE	RIED 🔲				
0 CI	Virginia TY OR TOWN OF DE	ATH	U.S.A		RSING HOME	OR OTHER INSTITUT	CED 120 I	Balt imc	re Can		F BUSINESS
			(IF NOT IN SUC	HEACILITY GIVE ST	TREET ADDRESS)			OF WORK FOR MOST O		INDUSTRY	N BOSHAESS
	CCHEAM LL RESIDENCE (IF NUE	PSING HOME OF			s Avenu		M	chinist	•	Self	Fmp
30. S	TATE	136 COUN		13c. CITY OR I		13d. INSIDE CITY L	IMITS? 13e.S	REET ADDRESS	ZIP CODE	21	1207
	Maryland	Balti	imore	Lochea	m			11 Arbutus	Avenue		
FA	THER'S NAME FIRST	٨	AIDDLE	LAST		15_ MOTHER'S MA		MIDDLE		LAS	
	Unknown Wes					Unknov					
	AS DECEASED EVER	R IN U.S. ARA		166. SOCIAL S	ECURITY NO.	17 WISCORLAND		ence West	SS		
No	ES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	210_0	7-9298				Do I Indonesia	an Man J	21
		***				1 JOH AID	itus Aven	е	-Sipponio	re Mary	IMATÉ INTERVA ONSET AND DE
	PART I. DE ATH V			line far (a), (b	11/1	lish lu	D. A.	Arent		BETWEEN	ONSET AND DE
		IMMEDIATI	E CAUSE (a)		and	MANNER OF THE PARTY OF THE PART	runy	www	-		
						7 47					
			DUE TO, O	R AS A CONSE	OUENCE OF	Ul luna	an al	1.0.			
	Canditions, if any	y, which	1	r as a conse	EQUENCE OF	Helmon	acy elec	bolism		100	
	Canditions, if any	nmediate	(b)			Helmon	acy elu	bolism			
	gove rise to im cause (0), stati	nmediate ing the	(b)	r as a conse r as a conse		Hulmon	acy elu	bolism	+		
	gove rise to im	nmediate ing the	(b)			Alluon	acy edu	bolism			
	gove rise to im cause (0), stati underlying caus	nmediate ing the se last.	(b) DUE TO, O	r as a conse	QUENCE OF	Fulution TNOT RELATED TO	1	DISEASE OR CONE	DITION GIVE	N IN PART 100	0.
NO.	gove rise to im cause (0), stati underlying caus	nmediate ing the se last.	(b) DUE TO, O	r as a conse	QUENCE OF		1	DISEASE OR CONE	DITION GIVE	N IN PART 10	a.
CALICIA	gove rise to im cause (0), stati underlying caus	nmediate ing the se last. GNIFICANT C	DUE TO, O	r as a conse	QUENCE OF		THE TERMINAL	DISEASE OR CONE	20b IF YES,	WERE FINDIN	NGS USED
IFICATION	gove rise to im cause (o), stati underlying caus	nmediate ing the se last. GNIFICANT C	DUE TO, O	r as a conse	QUENCE OF	T NOT RELATED TO	THE TERMINAL I		20b IF YES,	WERE FINDIN	NGS USED
	gove rise to im cause (o), stati underlying caus	amediate ing the se last. GNIFICANT C	DUE TO, O	R AS A CONSE	QUENCE OF	T NOT RELATED TO	THE TERMINAL I	AUTOPSY?	20b IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED OF DEATH?
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	gove rise to im cause (0), stati underlying caus PART 2. OTHER SIG 19a. DATE OF OPER/ OR CONTRIBUTING (IF ETHER, NOTIFY MEE WHILE AT WORK AT AT W. 22a.§ certify that (1) sow the decea	MEDICANT CONTROL OF THE PROPERTY OF THE PROPER	DUE TO, O (c) ONDITIONS CO 19b. COND 21b. TIME O HOUR A. P. 21e. PLACE (AT HOME STILL ON OTTENDED A)	ONTRIBUTING ITION FOR WHO OF INJURY M. MONTH M. OF INJURY REET, FACTORY, OFF	TO DEATH BUT TO	T NOT RELATED TO ON WAS PERFORME 21c. HOW INJURY	THE TERMINAL I	AUTOPSY? S NO NO NITER NATURE OF INJURE CITY OR TO	206 IF YES, IN CERTIFY YES TY IN ITEM 18 PAI	WERE FINDING CAUSES THE OR PART 2) COUNTY	NGS USED OF DEATH:
	gove rise to im cause of statistical statistics and cause of the cause	MEDICANT CONTROL OF THE PROPERTY OF THE PROPER	DUE TO, O (c) ONDITIONS CO 19b. COND 21b. TIME O HOUR A. P. 21e. PLACE (AT HOME STILL ON OTTENDED A)	ONTRIBUTING ITION FOR WHO OF INJURY M. MONTH M. OF INJURY REET, FACTORY, OFF	TO DEATH BUT TO	T NOT RELATED TO ON WAS PERFORME 21c. HOW INJURY 21l LOCATION STREET and that in (my) (aur	THE TERMINAL I	AUTOPSY? S NO NO NITER NATURE OF INJURE CITY OR TO	206 IF YES, IN CERTIFY YES TY IN ITEM 18 PAI	WERE FINDING CAUSES COUNTY and from the	NGS USED OF DEATH: NO STA
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DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After the should be detached for use as the with the State Dept. of Health and

MPORTANT, If Nem 21 is marked or Nem 18 shaws any

TO HOSPITAL OR ATTENDING PHYSICIAN, The

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8 REG. NO.	ì	3	2 1	8
TE OF DEATH MO	NIH DA	Y YEAR	2h HOL	IR

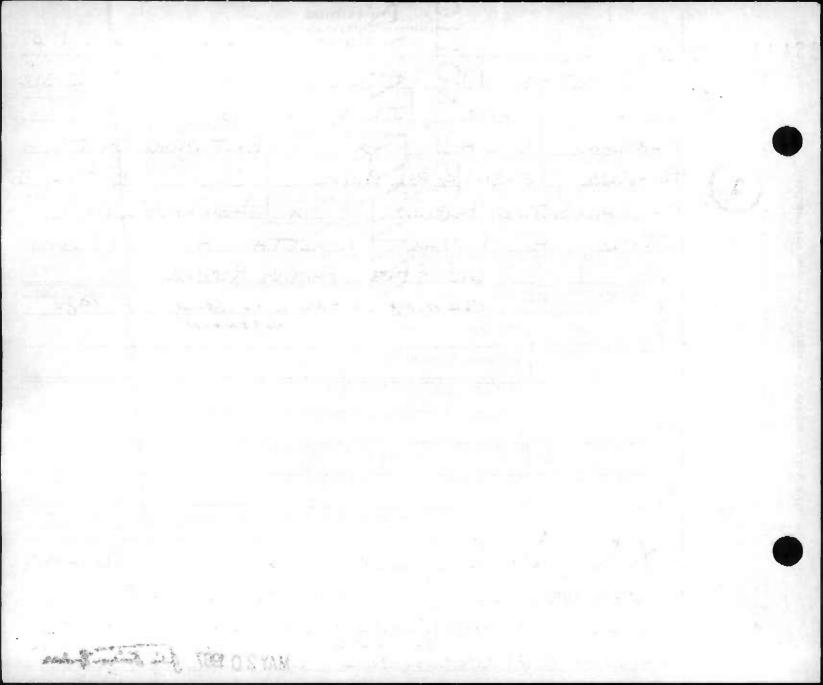
1	- STATE	DEP	CERTIFICATE OF DEATH	HTGIENE 8 /	13218
	7 REGISTRAR DECEASED NAME FIRST	WIDDIE	IAST	REG. N	MONTH DAY YEAR 2b HOUR
	YPE OR PRINT)	··· (M)	11-1-	Male	Α
1	- UOROTH		WILKERS	I IAYI.	3, 1987 5:324.
3.	SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIR	THORY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
Ш	- SMALE	WHITE	JULY 19, 1914		YRS.
7a.	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	TRY? 8 MARRIED NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF DEATH
1	JARYLAND	U.S.A.	WIDOWED DIVORCED	_ 1 0 7 0 0	LORE LOUNTY MD.
10	CITY OR TOWN OF DEATH		IRSING HOME OR OTHER INSTITUTION		
16	Sokici115	(IF NOT IN SUCH FACILITY, GIVES	IRS DRESS	(TYPE OF WORK FOR MOST C	DE WORKING LIFE) INDUSTRY
Ü	SUAL RESIDENCE (IF NURSING HOME O		BEFORE ADMISSION)	1 26	212317
13	o. STATE 136 COU		~		ZIP CODE
1	FATHER'S NAME	LI: MORE MARK	YES NO		AURIL DRIVE
	FIRST	MIDDLE CO. LAST	FIRST	MIDDLE	C LAST
L	JAMES	H. I little	AR LORET	TA A.	11/2/04
160	WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166. SOCIALS	SECURITY NO. 17 INFORMANT	ADDR	£55
	00	2150	55453 FAM	124 KECOR	20,
	18 CAUSE OF DEATH (Enter o	only one couse per line for (a), (b), and (c).)		APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH
L	PART I. DEATH WAS CAUS	ATE CAUSE (0) CARCIN	VOMA OF EAR	WITH BRAIN	1980
	MAKEDIA		FOUR OF	ENTENSON	
ı	Conditions, if ony, which	DUE TO, OR AS A CONSI	EQUENCE OF		
ı	gove rise to immediate	(b)			
L	couse (o), stating the underlying couse last.	DUE TO, OR AS A CONSI	EQUENCE OF		The state of the s
		(c)			
2		CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CON	DITION GIVEN IN PART 110
CEPTIFICATION	19g. DATE OF OPERATION	19h CONDITION FOR WI	HICH OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED
Į į	THE DATE OF OFERATION	THE CONDITION ON WI	TICH OF ERATION WAS TEN ORMED		IN CERTIFYING CAUSES OF DEATH?
- 5		The state of hilling		YES NO	YES NO
	OR CONTRIBUTION CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH		CCURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)
1	(IF EITHER, NOTIFY MEDICAL EXAMINE	ER) P.M.	19		
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	211 LOCATION STREET	CITY OR TO	OWN COUNTY STATE
ľ	AT WORK AT WORK				
l.	22a.1 certify that (I) (this hosp	pital) attended the deceased fr	om	, to	, 19, that (I) (we) fast
П	sow the deceased alive or	view the body ofter death.	19, ond that in (my) (our) op	inion death accurred on the d	ate and hour and from the causes stated
	ThySIGNATURE	di view the body offer deoth.	DEGREE		22c. DATE SIGNED
	1	1DCc 16	MO ATTENDIT	MEDICAL STA	FF MOUTH 1927
4	224 PHYSICIAN'S NAME HATE	OR PRINT)	22e ADDRESS	AN DIRECTOR FITTS	THE TO T
			171 00	00 00/00	
L	NORMAN BLANKI		1 1000	ODEK DK	1155-10000U
23	BURIAL, CREMATION, REMOVA		23c NAME OF CEMETERY OR CREMATE	ORY 23d LOCATION	COUNTY
17	SURIAL	5-16-1987	1 loreLAno lar	K TARKUI	DE 15ALTO. 170.
24	FUNERAL DIRECTOR	ADDR	BACO HAILLONG	DATE REC'D. BY REGISTRAR	756 #LEEP TRAR'S SIGNATURE
2	LYANS CHAPE	LOFI ISMORI	ES RUAD	MAY 2 0 1987	Julia Santage Condition
					U

DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physicion and cam, should be detoched for use as the buriol-tronsit permit. Then please remove carbon papers. Pages 1 of with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. IMPORTANT: If Hem 21 is morked or Item 18 shows any injury, or other troumotic event, the medico

(VRA 15, 4)

BP.



)53739 HAY	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE L CERTIFICATE OF DEATH STATE REGISTRAR REG. NO. 1 3 2 1 9	
4 may be or, page 3 after death	1. DECEASED NAME FIRST MIDDLE LAST. 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR 5/34/87 5	M S
death. Poge uneral direct in 72 hours.	TO. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 120. LIVE OF WILL OF BUSINESS OF BUS	7/D.
ND 21201 Thinks after of filed with for filed with	USUAL RESIDENCE (IF NURSING ROME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE MARY/AND (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS) JOSEPH HOSPITAL (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 130. STREET ADDRESS / ZIP CODE 2/222 MARY/AND 30. STREET ADDRESS / ZIP CODE 7805 F W. COllingham DR	
ORE, MARYLA xecuti thin nd carriete ges dicoleration	14. FATHER'S NAME FIRST MIDDLE KENNETH MIDDLE MIDDLE FIRST MIDDLE FIRST MIDDLE FIRST MIDDLE FIRST MIDDLE FIRST MIDDLE FIRST AND FIRST MIDDLE FIRST MIDLE	
PRESTON ST., BALTIMORE, MA he deoth certificate be executed he ottending physicion and cert emove carbon papers. Pages motion, ar removal. rr troumatic event, the medico	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (b) Longitude FATHEN 13E BAPPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which	-
es that the property or athe	gove rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF	
TAL RECOR	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low require of the ordered physicion. Wher this certificate has been signs the burkol-transit permit. Then the and Mental Hygiene prior to be the ordered or teem 18 shows any injury arked or teem 18 shows any injury.	218. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 218. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216. PLACE OF INJURY 316. PLACE OF INJURY 317. PLACE OF INJURY 317. PLACE OF INJURY 318. PLACE OF INJURY 318. PLACE OF INJURY 319. PLACE OF	
OR ATTENDING the hospital or a DIRECTOR: Aft ached for use as Dept. of Health if them 21 is mar	220.1 certify that (1) (this hospital) attended the deceased from	st
TO HOSPITAL retained by the TO FUNERAL should be detromined by with the Stote with the Stote IMPORTANT. I	272d. PHYSICIAN S NAME (TYPE OR PRINT) THAN ITHA NITITHAM, MD 230. BURBAL CREMATION, REMOVAL 1220, DATE	

DHMH - 16 60M 7/84

(VRA 15, 4)

5-19-87 KEMOUAL 24. FUNERAL DIRECTOR

23s. BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION

COUNTY

STATE

2/204 250. DATE REC'D. BY REGISTRAR MAY 1 8 1987

THEY GIT WITHING The second of th WASTE WINDOWS KANDED

1			STATI	OF MARYLAND				19.35
1	FOR STATE REGISTRAR	DEPART	MENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 / REG. N	1 3	2 2	20
	PECEASED NAME FIRST KATHERI	WE V.	W	ILL/AM?	20. DATE OF DEATH	MONTH DAY	YEAR 2	6. HOUR
3 5		White	S. DATE C		6. AGE (IN YEARS LAST BH	YRS.		FUNDER 24 HRS HOURS MIN.
70.	BIRTHPLACE Ohio 7b. (U.S. A	? 8.	D NEVER MARRIED D	BALTIMORE CITY OF			intymo.
	TOWSON	NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE OF CO	TADDRESS)	OR OTHER INSTITUTION	170 USUAL OCCUPAT (TYPE OF WORK FOR MOST)		126 KIND OF INDUSTRY Teache	
130	UAL RESIDENCE (IF NURSING HOME OR OTH STATE 13b, COUNTY BAL	ER INSTITUTION, GIVE RESIDENCE BEPOR 13t. CITY OR TOV Parky	WN	13d INSIDE CITY LIMITS? YES NO 💂		ZIP CODE	AUE	21234
	FATHER'S NAME FIRST MIDD	Voorhis		15. MOTHER'S MAIDEN NA/ FIRST	WIDDLE		LAST	
160	WAS DECEASED EVER IN U.S. ARMED (YES, NO OR UNKNOWN) (IF YES, GIVE WA			17. INFORMANT Mrs. Vora Har	ADDR	^{ESS} Cilmont	Ave	
	18 CAUSE OF DEATH (Enter only o PART I. DEATH WAS CAUSED BY IMMEDIATE C	Alech	er	140CARD		VFAR	APPROXIMA BETWEEN ON	ATE INTERVAL ISET AND DEATH
	Conditions, if any, which	DUE TO, OR AS A CONSEQU	JENCE OF				1 de	ay.
	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	JENCE OF					
NOI	PART 2. OTHER SIGNIFICANT CON	iditions <u>contributing to</u>	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN	IN PART 110	39
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, W IN CERTIFYIN YES	G CAUSES O	
		21b. TIME OF INJURY HOUR A.M. MONTH E P.M.	AY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART 1	OR PART 2)	
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE.	FARM, ETC)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE

NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from

226. SIGNATURE DEGREE 22¢ DATE SIGNED

ATTENDING MEDICAL PHYSICIAN DIRECTOR STAFF 22e. ADDRESS

Forest Hill

CHILADI 23e. BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY

24. FUNERAL DIRECTOR

Burial

(SPECIFY)

Leonard J. Ruck Inc. Baltimore, Maryland

May18,1987

Piqua Miami

DHMH - 16 60M 7/84 (VRA 15, 4)

O FUNERAL DIRECTOR:

O HOSPITAL

should be detoched for use as the burial-transit permit. Then please remains the State Dept. of Health and Mental Hygiene prior to burial, cremmat

morked or Hem

MPORTANT: If Hem 21 is

certificate has been signed

French - french 14/11/1/1 r official is a 981-01-7658 News, York Acresmon 7017 Tilmont Ave.

many the first finder forten

Language Lock Inc. Baltimore, Maryland

TER Sepret TACE, 21-ck felonic

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the funeral director, page 3 3 within 72 hours ofter death

STATE OF MARYLAND

DEPARTMENT CER	F HEALTH	AND MENTAL	HYGIENE
CER	TIFICATE	OF DEATH	Ö

5 0	med	-	. 9	
REG. NO.	. 3	2	2	

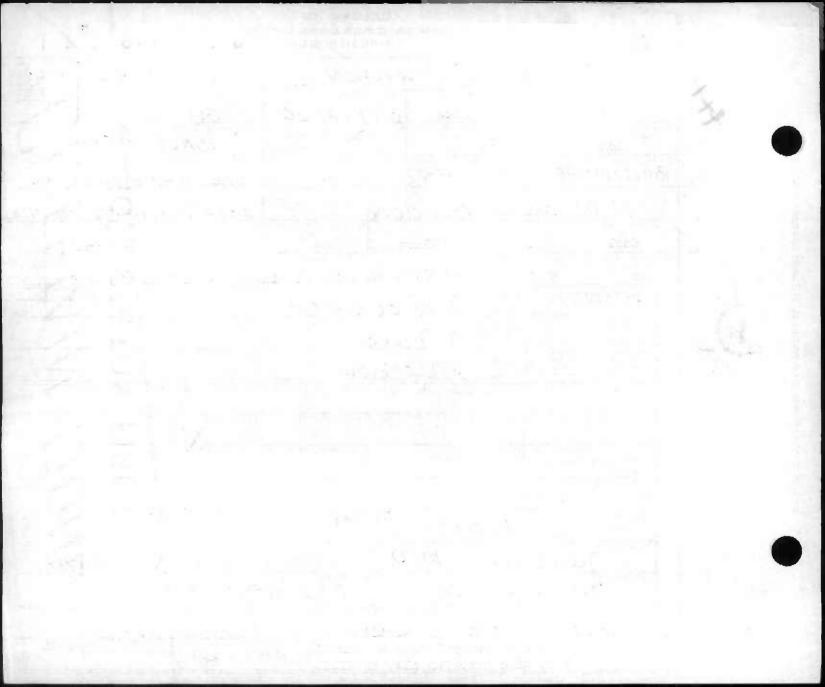
1. DECEASED NAME A FIRST		CERTIF	ICATE OF DEATH	REG. NO).	Gosp Gosp	4
(TYPE OR PRINT) CITA!	RLES F.	WIL	50N sr.	20. DATE OF DEATH	10/8	7 26 HOI	38
M_{ale}	A RACE Whit	s. DATE O		6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDE	DAYS HOURS	R I H
) BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ohio	76. CITIZEN OF WHAT C	OUNTRY? 8 MARRIEL WIDOWE	NEVER MARRIED	9. BALTIMORE CITY OF			
BALTIMORE	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY		PROTHER INSTITUTION	12a USUAL OCCUPATE (1YPE OF WORK FOR MOST OF Letter Ca	WORKING LIFE) INE	KIND OF BUSIN DUSTRY Post Off	
130. STATE M. D. 136. CC		DENCE BEFORE ADMISSION) Y OR TOWN WOOLALLE	13d INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / 2023 PC	ZIP CODE (TE RD	A
FATHER'S NAME FIRST Carl	MIDDLE L.	Wilson	15. MOTHER'S MAIDEN NA/ FIRST Lena	MIDDLE		Hanel	
		CIAL SECURITY NO.	Twila J. Wil	ADDRE Lson 2023	Paulette	21: Road A: APPROXIMATE INTE BETWEEN ONSET AN	pt
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	- (1b)	CONSEQUENCE OF CONSEQUENCE OF	arnest L				
	VT CONDITIONS CONTRIBL	robecut	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	OITION GIVEN IN	PART No	
190. DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?		CAUSES OF DEA	TH?
210. ACCIDENT WAS UNDERLYING	216 TIME OF INJUR HOUR A.M. MC		N WAS PERFORMED	YES NO	IN CERTIFYING	CAUSES OF DEA	TH?
OR CONTRIBUTING CAUSE OF	216 TIME OF INJUR HOUR A.M. MC P.M. 21e. PLACE OF INJU	RY ONTH DAY YEAR 19		YES NO	YES YEN ITEM 18 PART 1 OR	CAUSES OF DEA NO [TH?
OR CONTRIBUTING CAUSE OF (IF ETHER NOTIFY MEDICAL EXAM 21d. IN JURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (1) (this had saw the deceased alive	21b. TIME OF INJUR HOUR A.M. MC P.M. 21e. PLACE OF INJU LAT HOME, STREET, FACTO DSpital) attended the decep-	DNTH DAY YEAR 19 JRY ORY, OFFICE, FARM, ETC.) Seed from 57/	21c HOW INJURY OCCURR	YES NOT	VIN CERTIFYING YES VIN ITEM 18 PART 1 OR VIN TEM 18 PART 1 OR VIN TEM 18 PART 1 OR VIN TEM 18 PART 1 OR	CAUSES OF DEA NO [PPART 2) DUNTY , that (II (II)	STATE (we)
OR CONTRIBUTING CAUSE OF (IF ETHER, NOTHY MEDICAL EXAM 21d. INJURY OCCURRED WHILE AT WORK 220. I certify that (I) (this he saw the deceosed olive abave, (I) (we) (did) (did 27b. SIGNATURE 22d. PHYSICIAI S NAME (TY	21b TIME OF INJUR HOUR A.M. MC P.M. 21e. PLACE OF INJU 1AT HOME, STREET, FACTO conjunction of the decep- conjunction of the body after de	ONTH DAY YEAR 19 IRY ORY, OFFICE, FARM, ETC.) Seed from 5/1 5-1 M. D.	21c. HOW INJURY OCCURR	YES NOT	IN CERTIFYING (YES) YIN ITEM 18 PART 1 OR WIN CO	CAUSES OF DEA NO [RPART 2) DUNTY , that (1) (fram the couses st	STATE (we)
OR CONTRIBUTING CAUSE OF (IF ETHER, NOTHY MEDICAL EXAM 21d. INJURY OCCURRED WHILE AT WORK 220. I certify that (I) (this he saw the deceosed olive abave, (I) (we) (did) (did 27b. SIGNATURE 22d. PHYSICIAI S NAME (TY	21b. TIME OF INJUR HOUR A.M. MC P.M. 21e. PLACE OF INJUR (AT HOME, STREET, FACTO ospital) attended the deceo on d not) view the body after de	ONTH DAY YEAR 19 IRY ORY, OFFICE FARM, ETC.) Second Trom 19 Toth. M. D.	21c. HOW INJURY OCCURRED TO THE PROPERTY OF CREMATORY 21l. LOCATION STREET 21l. LOCATION STREET 21l. HOW INJURY OCCURRED TO THE PROPERTY OF CREMATORY 21l. HOW INJURY OCCURRED TO THE PROPERTY OF CREMATORY 21l. HOW INJURY OCCURRED TO THE PROPERTY OF CREMATORY 21l. HOW INJURY OCCURRED TO THE PROPERTY OF CREMATORY 21l. HOW INJURY OCCURRED TO THE PROPERTY OF CREMATORY 21l. HOW INJURY OCCURRED TO THE PROPERTY OF CREMATORY 21l. LOCATION STREET TO THE PROPERTY OF CREMATORY 21ll LOCATION STREET TO THE PROPERTY OF CREMATORY 21ll LOCATION STREET TO THE PROPERTY	YES NOT	VIN CERTIFYING YES VIN ITEM IS PART 1 OR NO CO The and hour and for the angle of	DUNTY that (I)	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detoched for use as the burial-transit permit. Then please me with the State Dept. of Health and Mental Hygiene prior to burial, cree

retained by the haspital or attending physician.

BP.



STATE OF MARYLAND

EPARTMENT	OF H	EALTH	AND	MENTAL	HYGIENE
CEI	RTIF	CATE	OF	DEATH	

8 REG. NO.	3	2	2	2
20. DATE OF DEATH MONTH	DAY	YEAR	26, HOL	JR N
May 09, 1987				N
6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
	MONTHS	DAYS	HOURS	MIN.

1	FOR STATE REGISTRAR			EALTH AND MENTAL HYG ICATE OF DEATH	BIENE 8 ZREG. NO.	132	2 2 2
	CEASED NAME	FIRST	AIDDLE	AST	20. DATE OF DEATH MONTH	DAY YEAR	2b, HOUR
	elen	R.	Wil	son	May 09, 1987		
SE	X	4. RACE	5 DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAY	
1	emale	White	03/		69 Y	RS	, income and
o. Bl	RTHPLACE (STATE OR FOR	REIGN 76 CITIZEN OF	WHAT COUNTRY? 8	D NEVER MARRIED	9. BALTIMORE CITY OR COU	NTY OF DEATH	
_	ennsylvania	USA	WIDOWE	_	Baltimore C	8	M
C	ITY OR TOWN OF DEAT		HOSPITAL, NURSING HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS O
B	altimore	3206	Stanley Road		housewife.	own h	
M	STATE 1.	BALTIMORE Baltimore	give residence before admission) 13c. CITY OR TOWN Lansdowne	13d. INSIDE CITY LIMITS? YES NO V	13e.STREET ADDRESS / ZIP (3206 Stanley		212
P	aul Jobson	MIDDLE	LAST	Marie V. Au			LAST
	VAS DECEASED EVER IN	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166. SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS		
N			189-22-2416	Henry Wilson	3206	Stanley	Road
	Conditions, if ony, or gove rise to imme cause (a), stating underlying cause	which diate (b)	RAS A CONSEQUENCE OF PETICAL U	el tumer	INVESION		
CERTIFICATION	PART 2 OTHER SIGNII		DNTRIBUTING TO DEATH BUT			F YES, WERE FINI	DINGS USED
THER					YES NOT	ERTIFYING CAUS YES []	NO [
	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	USE OF DEATH HOUR A.	M. MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	n 18 PART 1 OR PART 2	n
MEDICAL	21d. INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	[AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	sow the deceosed	his hospitol) ottended the olive on MAY () (did not) view the body	19 87	nd that in (our) opinion	deoth occurred on the date and	hour and from the	_, that (I) (we) lo he causes stated
	226. SIGNATURE	a Bever	1 10.1	DEGREE ATTENDING PHYSICIAN (MEDICAL STAFF DIRECTOR PHYSICIAN	- 5	TE SIGNED
		Beveridge.	M.D.		selesho shish	y Cantu	BALT.

23c NAME OF CEMETERY OR CREMATORY

230 BURIAL, CREMATION, REMOVAL burial

Meadowridge Cemetery

23d LOCATION Dorsey Howard Maryland

MAY 1 2 1987

DHMH - 16 60M 7/84 (VRA 15, 4)

Ambrose Funeral Home 1328 Sulphur Spring Rd.

05/13/87

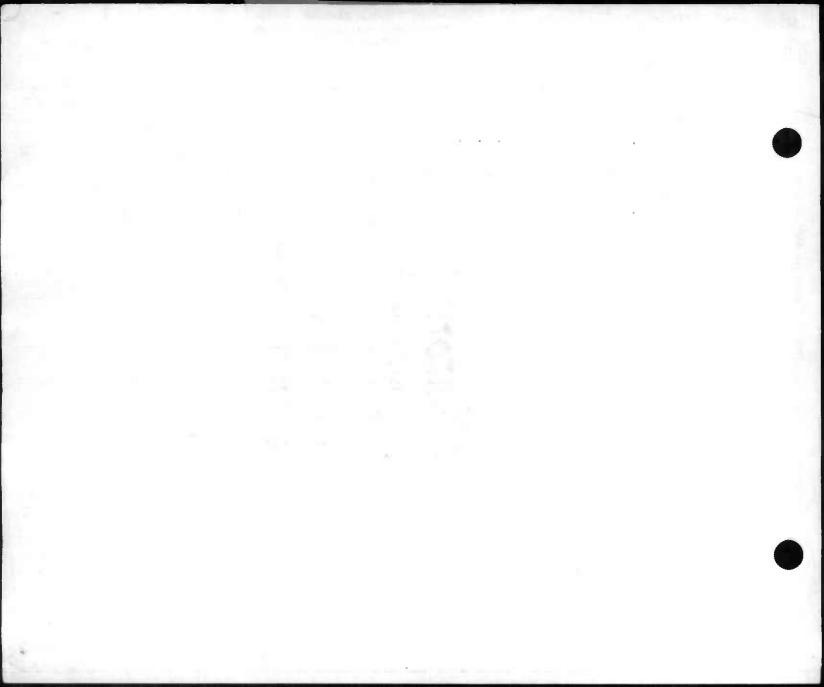
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Account to what most foul Supplies Spring by MAN 1 7 1987 .

FOR - STATE REGISTRAR L DECEASED NAM

	DEPARTM	STATE OF MARYLA LENT OF HEALTH AND A CERTIFICATE OF D	MENTAL HYG	IENE 8 7	NO.	3	2	2	ડ
FIRST	MIDDLE	LAST		20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOL	JR
Regina	R	Wilson			05	11	87	3:0	0 p
	4 RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST I	SIRTHDAY)	IF UN	DER I YEAR	IF UNDER	R 24 HR
	BLACK	3 1 3	2 9	58	YRS	MONIE	DAYS	HOURS	MIN
TATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER	MARRIED TO	Baltimore city	_		DEATH		٨
OF DEATH	11. NAME OF HOSPITAL, NURS IN (IF NOT IN SUCH FACILITY, GIVE STREET A		TITUTION	12a USUAL OCCUPA			B. KIND O	F BUSIN	ESS O
on	Greater Baltimon	re Medical (Center	N/A					

TYPE OR PRINTS 3 SEX FEMALE La. BIRTHPLACE CRINTRY ID CITY OF TOWN Tows USUAL RESIDENCE 13e STREET ADDRESS / ZIP CODE Baltimore 136. INSIDE CITY LIMITS? Hendrickson Lane 21204 Md. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST HARRIETTE MIDDLE Allen Wilson Johnson ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) 1303 WINSTON SAUNDERS 220-24-900 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and 10' ng physic PART I. DEATH WAS CAUSED BY Cardiopulmonary Arrest IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Massive CVA Conditions, if ony, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF couse (o), stoting underlying couse 0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? per buriol-tronsit per Mentol Hygiene NO D 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) YEAR HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY ö as the b CITY OF TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE FARM ETC 1 marked NOT WHILE 87 220.1 certify that (1) (this haspital) attended the deceased from May Mav MPORTANT: If Item 21 is saw the deceased alive on May 11 and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death ild be detoched f 22c. DATE SIGNED DEGREE 226. SIGNATURE 5-11-87 ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN FUNERAL 22e ADDRESS Catherine North, M.D. 236 LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 231 NAME OF CEMETERY OR CREMATORY MD STATE DULANEY VALLEY TOWSON. BURIAL 5-15-87 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNAL SE 74 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 (VRA 15, 4) MARCH FUNERAL HOME 1101 E. NORTH AVE



STATE OF MARYLAND

1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HY					IENE 8 7	1	3 2	24	
-	1. DECEASED NAME FIRST	M	IDDLE	ı	AST	20 DATE OF DEATH		DAY YEAR	2b. HOUR
	DOROT	DOROTHY M.			HRNA	May 29,	1987		10 30 M
1	3. SEX	4. RACE		5 DATE C		6. AGE (IN YEARS LAST E	IRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	Female	White		Apri	2 4- 400-	90 yrs.			
-	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		VHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY			
4	Maryland 10. CITY OR TOWN OF DEATH		SA OSPITAL NIJESINI	WIDOWE	DR OTHER INSTITUTION	Baltimo			MD.
1	Towson	Dulaney	TOWSOI	n Nu	rsing Home	(1YPE OF WORK FOR MOST Homema	OF WORKING L	IFE) INDUSTRY	Home
2	USUAL RESIDENCE (IF NURSING HOME OR 130. STATE		13t. CITY OR TOWN		13d. INSIDE CITY LIMITS? YES 🔀 NO 🗌	3821 Cre	zip cod stlyn	Rd., 2	21218
2		widdle ohn	Pfaff		15. MOTHER'S MAIDEN NAM	WIDDLE		Petri	
7		AS DECEASED EVER IN U.S. ARMED FORCES? 16		RITY NO.	17. INFORMANT	ADD		W. 39t	
	No	0.40 00			Dorothy M.	Wohrna	Balt	:0., ME	MATE INTERVAL
7	PART 2 OTHER SIGNIFICANT OF THE PROPERTY OF T	(c)		EATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CO	20b. IF YE	VEN IN PART 1:0	NGS USED
	7115					YES NO		ES [NO [
1		TH HOUR A.A	A. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR PART 2)	
	OR CONTRIBUTING CAUSE OF DEA	21e. PLACE C	OF INJURY ET, FACTORY, OFFICE, FA	ARM ETC)	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
	22a. I certify that (1) (Now hospital) attended the deceased from 177, 1985, to 1797, 1985, that (1) (see) last saw the deceased alive an 1985, and that in (my) (see) apinion death occurred on the date and hour and from the causes stated above, (1) (see) that (did not) view the bady after death.								
	226. SIGNATURE A COT 226. PHYSICIAN'S NAME TYPE'S								
	Dr. Kevin Qu	inn, MI)		1205 York 1	Road, Ba	alto.,	MD 2	21204
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) BUPIAL		23c N	iame of c	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Balto.	Cour	county	MD
	24 FUNERAL DIRECTOPHENTY 4905 York Road	W. Jen			250. DATE	JN 2 198	R 256 REGIS	TRAR'S SIGNAT	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If hem 21 is morked or frem 18 shows ony

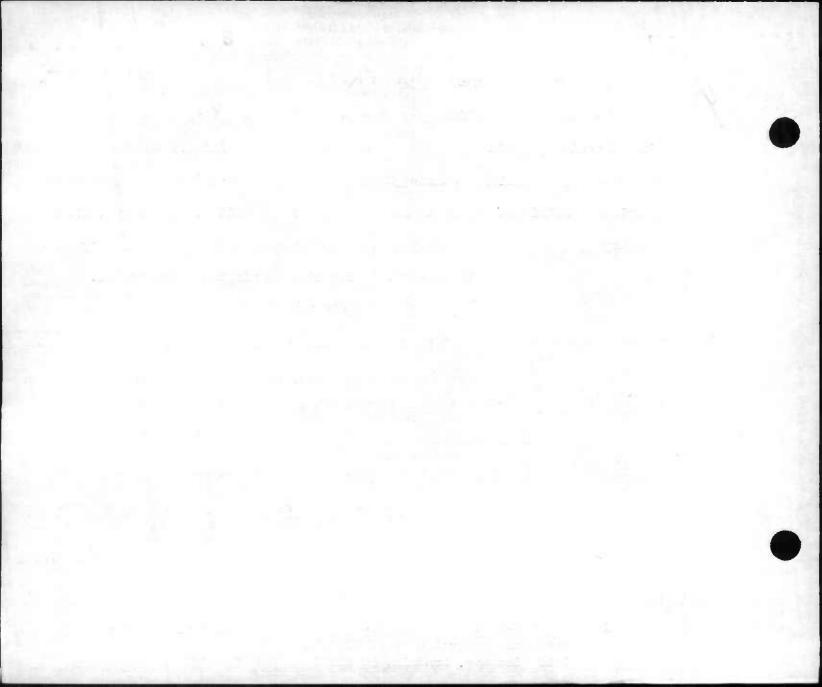
TOTAL THY MAN YELD WELL TO THE TANK THE Feb. sle Mit Mit 17 ruc or iil v Towson without on Nucling Horse House and Arthur A THE STORE ihel Jhn fff Jr 1 1. 7.7 on the 11 r. vin unn, z how . Calle Hand January Care

STATE OF MARYLAND

8 REG. NO.	1	3	2	2	ili
ATE OF DEATH	0.44	WC + 0			_

Grace C White CITIZEN OF WHAT COUNTRY? USA NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A Heritage Nursin R INSTITUTION GIVE RESIDENCE BEFORE 13c CITY OR TOWN TOWN Edgeme LAST Sweeney 16 CRO DATES) 16 SOCIAL SECUIT 216-46-5	MARRIED NEVI WIDOWED TO NG HOME OR OTHER I ADDRESS) ING HOME IE ADMISSIONI VN 134. INSID VP 15. MOTH	Y YEAR OF THE PROPERTY OF THE		YRS PR COUNTY O TE COUNTY O TO COUNTY O	FUNDER I YEAR IF		
White USA NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE SIREET) Heritage Nursin ISC CITY OR TOWN MORE LAST SWeeney FORCES? 16b SOCIAL SECU	S. DATE OF BIRTH MONTH DA Q B MARRIED NEVI WIDOWED NG HOME OR OTHER I IADDRESS) ING HOME IE ADMISSIONI VN 13d. INSID VYES 15. MOTH	PER MARRIED 9 DIVORCED 1 DIVIDITION 1 DE CITY LIMITS? 1 NO 1 ER'S MAIDEN NAME	Baltimore CITY C Baltimo Baltimo Baltimo Housewif Baltimo Ba	YRS PR COUNTY O TE COUNTY O TO COUNTY O	DE DEATH 12b. KIND OF BINDUSTRY	HOURS BUSINE	
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196 CONDITION FOR WHICH	OPERATION WAS PE	REFORMED	200 AUTOPSY?	20b IF YES, V	WERE FINDING	S USED	
21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	AY YEAR	/ INJURY OCCURRE	D (ENTER NATURE OF INJU				
21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FA	211 LOC/	ATION REET	CITY OR TO)WN	COUNTY	St	
WHILE AT WORK AT WORK AT WORK 19 To							
222. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 5728/198							
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TJENA.		DR CREMATORY	23d LOCATION CITY OF TOWN Baltimo	re Mary	yland	51	
		JENA. 55	DATE 23c NAME OF CEMETERY OR CREMATORY 6-1-87 Oak Lawn	DATE 130 NAME OF CEMETERY OR CREMATORY 134 LOCATION CHYOR TOWN 6-1-87 Oak Lawn Baltimo	DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CHIVOR TOWN 6-1-87 Oak Lawn Baltimore Mary	DATE 230 NAME OF CEMETERY OR CREMATORY 23d. LOCATION CHYOTOWN COUNTY	

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

20 DATE OF DEATH

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)	IF UNDER	RIYEAR	IF UNDER 24	Als

12b. KIND OF BUSINESS OR

Homemaker

21234

Henshaw

YES [

Baltimore.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

COUNTY

STATE

____, that (I) (we) last

Maryland

22c. DATE SIGNED

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- STATE

(TYPE OR PRINT)

REGISTRAR 1. DECEASED NAME

3 SEX 4. RACE & AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH FEMALE WHITE 14 YRS 6. BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION ITY OR TOWN OF DEATH 12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife AL RESIDENCE (IF NURSING HOME OR OTHER 13b. COUNTY INSIDE CITY LIMITS? 13. STREET ADDRESS / ZIP CODE 8210 Wilson Ave. 13L CITY OF TOWN Maryland Baltimore NO 13 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Milton MIDDLE Rayme MIDDLE Katie 16n WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216-52-6242 Bettie L. Heisey 4 Belmullet Ct. 21093 18. CAUSE OF DEATH (Enter only one couse per fine for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 710. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION SIREET CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from. 19... sow the deceased alive an above, (1) (wh) (thid) (did not view the body after death and that in (my) (our) apinion death occurred an the date and hour and from the causes stated 22b. SIG-HALLIII ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAL PHYSICIAN | 22d. PHYSICIAN'S NAME VITYPE OR PIN 22e ADDRESS 0 23c NAME OF CEMETERY OR CREMATORY 73d. LOCATION

Parkwood Cemetery

BALTO, Md. 21230

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

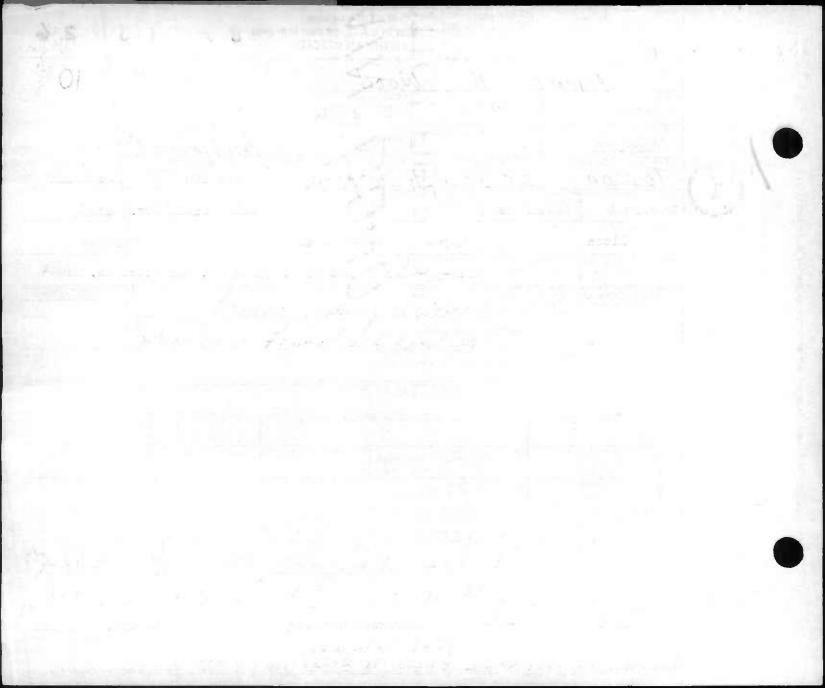
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24 FUNERAL DIRECTOR

Burial

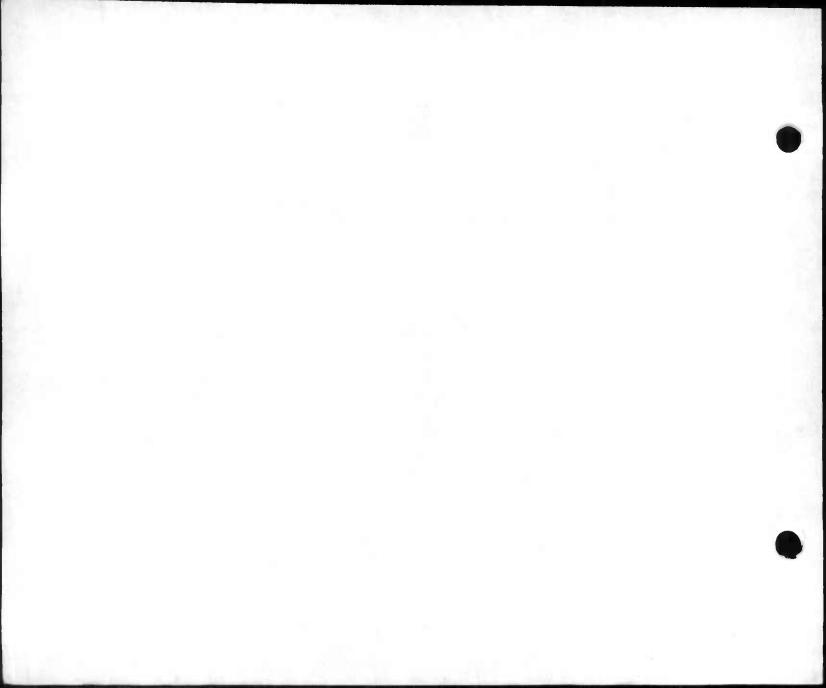
23b. DATE

-87



VOID--# 13227

1987- DEATH MISSING INFORMATION



ATENDING PINSICIAN The law requires that the death certificate be

attending physician

TO HOSPITAL OR ATTENDIT

BP.

ST	ATE	OF	MAF	RYL	AND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG NO					

21	1	1	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	HYGIENE 8 / 1 3 2 2 3
or. page 3 ofter death			CEASED NAME FIRST	RACE S DATE OF BIRTH DAY OF YEAR	SR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HIS. MONTHS DAYS HOURS MIN.
funeral directa	35	i	SALTO. MD.	b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	DALTO COUNTY MD. 126 USUAL OCCUPATION 126, KIND OF BUSINESS OR
	5	13a S	TATEMD. 136 BA	O O DAPIOI	13. STREET ADDRESS / ZIP CODE 21030 103 SCOTT ADAM RD.
Pages 1 Star	medical (unifolded)		VAS DECEASED EVER IN U.S. ARY VAS NOORUNDOWN) (IF YES, GIVE	NOTE OF THE SOCIAL SECURITY NO. 17 INFORMANT 214-03-4563	FAMILY RECORDS
, the ottending physicians remove carbon properties, or removed	emotion, or remorality		PART I. DEATH WAS CAUSED	one cause per line far (a), (b), and (c), BY. CARDIAC ARDIAC ARR DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	Pert BETWEEN ONSET AND DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
not been signed by permit Then pleas are prior to burial,	in injury, or o	CERTIFICATION		ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE T	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NON NON NON NON NON NON NON NON NON NO
the certificate e buriof-tramit d Mental Hygie	d or them 18 she	MEDICAL CERT	21g. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	LICHE A MA MONITH DAY VEAD	CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE
NERAL DIRECTOR. After to be detached for use as the state Dept. of Health on	TANT, If hem 21 is marked	N	WHILE NOT WHILE ALL WORK 220.1 certify that (I) (this hospit saw the deceased alive on above, (I) (we) (did) (did pail 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OF	view the bady after death. DEGREE ATTENDIN' PHYSICIAN	
- 16 60M		C	DEMATION REMOVALES PER MATION LINERAL DIRECTOR LINERAL DIRECTOR	23b. DATE 23c. NAME OF CEMETERY OR CREMATO OS-19-1997 GREEN MOUNT CES	O. CILLY CENTER STATE ON. BATO CITY MAN DATE REC'D. BY REGISTRAR 25b, REGISTRAR'S. SIGNATURE MAY 2 1087

DHMH - 16 60M 7/B (VRA 15, 4)

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•	ter death. Page 4 may be	within 72 hours ofter death	fred or once	1
E, MARYLAND 21801	uhed within 74 hours o	contestion like in by the contestion of the cont	A TOWN OF THE PERSON OF THE PE	5
RESTON ST., BALTIMORI	death certificate be exec	attending physician and nove carbanpapers. Pages atian, or remaval.	roumatic event, the medic	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21R01	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 means offer death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and a character, line in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages are filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or ather traumatic event, the medical warner	1
	TO HOSPITAL OR ATTENDING PHYSICIAN: The I retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health.	IMPORTANT: If hem 21 is more	7

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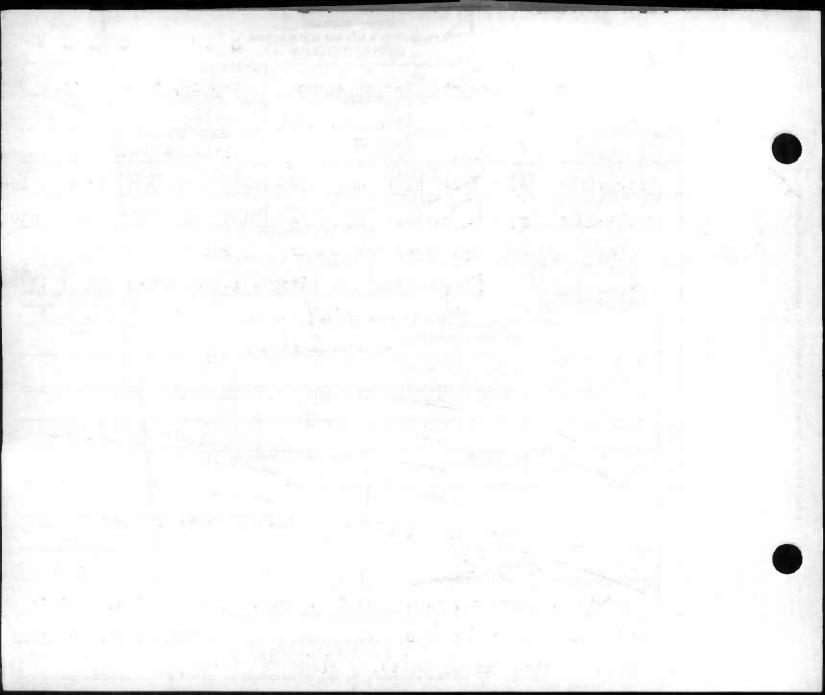
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CERTIFICATE OF DEATH	Ö	REG. NO.	1	3	da.	ha	
PARTMENT OF HEALTH AND MENTAL HYGIENE	8	7	1	3	2	2	

	10.0	STATE REGISTRAR		CERTIFIC	ATE OF DEATH	REG. N	o. 1 3	dia .	6- 1
1		CEASED NAME FIRST	WIDDLE	LAS	T	20. DATE OF DEATH	MONTH DAY	YEAR 2	h HOUR
	(TYPE	Eric	Rudolph	Van W	ymeersch	May 25	, 1987	1	2:45 A
	3. SEX	x	4. RACE	5. DATE OF	BIRTH YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UN	DETT - LEFTH	FUNDER 24 HRS
		Male	Caucasian	Aug.	20, 1921	65	YRS.		7.1.4.
2		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTE	RY? 8	X NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF	HTAS	
		England	USA	WIDOWED	DIVORCED	Baltimo		ıty	MD.
1	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STE	REET ADDRESS)		(TYPE OF WORK FOR MOST		L KIND OF E	BUSINESS OR
	100	Parkville	9107 Satyr	Hill R	oad 21234	Superint	endent	Cons	tructio
1		STATE 136. COU		II NWC	34 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		
)			timore Parkv		YES NO 🔀	9107 Sat	yr Hill	. Road	d 21234
4	14. FA	ATHER'S NAME FIRST	MIDDLE LAST		5. MOTHER'S MAIDEN NAM	MIDDLE		LAST	
4				meersc		Emily		loward	
1		VAS DECEASED EVER IN U.S. AF	IVE WAR OR DATES)		7. INFORMANT	ADDR			Same as
		No N/	A 212-36	-4919	Mrs. Liber	ty I. Van	Wymeer		# 13
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b),	ond (c).)	02-1				ATE INTERVAL
			TE CAUSE (0) ROOM	conema	of Clapana	tees!		6 cel	eel
			DUE TO, OR AS A CONSEC	QUENCE OF	5.7-				_
		Conditions, if any, which gove rise to immediate	(b)	C	melas le	al-s			
		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEC	QUENCE OF					
			(c)						
	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	O DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN I	PART Ho	
_	CERTIFICATION	19g DATE OF OPERATION	196. CONDITION FOR WHI	ICH ODER ATION	MAS DEDECIDANED	20a AUTOPSY?	20b IF YES, WE	RE EINDING	STISED
)	FIC	THE DATE OF OPERATION	170. CONDITION TOR WITH	CHOPERATION	WAS FERI ORMED	-	IN CERTIFYING	CAUSES O	F DEATH?
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>		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	THE HOTE WAS DRIVING COOK	(ENTER NATURE OF INC.	KI IN IEM IG PAKI I	JRFART 2)	
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-		MHILE NOT WHILE		.10	5 Ch 10 9/12	LA	V7- 105	the the	
		sow the deceased alive or	mal) attended the deceased from	0.10	that in (ph) (our) apinion o	enth occurred on the d			ot (I) (IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
	111	obove, (I) (v e) (did) (did no 22b. SIGNATURE	ot) view the body ofter death.		GREE			22c. DATE SIG	
		228. SIGNATURE	toles		ATTENDING	MEDICAL _ STA	FF	0 F /0	r /0n
1		224 PHASICIAN'S NAME (TYPE	OR PRINT)		D. PHYSICIAN EX	DIRECTOR PHYSIC	CIAN	05/2	5/07
						d Ctroot	Do 1 +	רדועד	21218
_	00.0		Berstock, M.			d. Street	Dalt	, JVID	21218
	230. B	BURIAL, CREMATION, REMOVAL	- 1		METERY OR CREMATORY	CITY OR TOWN		UNIY	STATE
	24 EI	Cremation UNERAL DIRECTOR	7/ 7/		y Process	Catonsv	IIIe, E		aryland
		NAME	ADDRES		derick Rew	AY 2 7 1087	Julia K	SOLUCIO.	Randale
	OI	remation Soc	TETA OI MD	par 10,1	ID 21228 ""	1001			

DHMH - 16 60M 7/B4 (VRA 15, 4)

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my.		REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO).		
-045		CEASED NAME There		V	indett.	20 DATE OF DEATH	5 29	YEAR 87	9-22AM
	1.5E		WHITE	5. DATE O	F BIRTH DAY YEAR OS 57	6 AGE TINYEARS LAST BIRT		INDER I YEAR	IF UNDER 24 HRS HOURS MIN.
33		RTHPLACE (STATE OR FOREIGN 7) COUNTRY) Md.	U.S.A.	WIDOWE		9 BALTIMORE CITY O	16 C	DEATH	MD.
1	M.C	Balto.	1. NAME OF HOSPITAL, NURSING UF NOT IN SUCH FACILITY, GIVE STREET AN		11	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOMEMAK	WORKING LEE		PF BUSINESS OR
21		ALRESIDENCE (IF NURS)	THER INSTITUTION GIVE RESIDENCE BEFORE A 13c. CITY OR TOWN 13c. CITY OR TOWN		136. INSIDE CITY LIMITS? YES NO	3527 Jun	ZIP CODE	ave.	2/2/3
W	7	Dalter MI	Vinde?	7	15. Mother's Maiden Na/	WIDDIE		sho!	ney
V	de	VAS DECEASED EVER IN U.S. ARM S NO OR UNKNOWN) (IF YES, GIVE V	ED FORCES? 166 SOCIAL SECUR WAR OR DATES) 245-68-	11Y NO.	17 INFORMANT Ba. Donna Thom	Ito., MOADDRE		.dge .	Ave.
or other traumatic evaluation		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	one cause per line far (a), (b), and BY: CAUSE (a) Fatty Live DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c)	er Wi	th Sudden Dea	th		BETWEEN	IMATE INTERVAL OMSET AND DEATH
ulau).	NOI	PART 2. OTHER SIGNIFICANT CO	DNDITIONS CONTRIBUTING TO DI	EATH BUT I	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN	IN PART 10	3
Dies and	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH O	PERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [G CAUSES	
9	7	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DA' P.M.	YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	I OR PART 7)	
op/	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM ETC)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
210.00	1	220 I certify that (1) (this hospital saw the deceased alive on above, X (we) (did) (X X x t)	May 29 19 S		d that in (mX) (our) opinion (7, to May 29 death occurred on the do	, 19. ote and haur a	0,	that X ((we) last couses stated
T. H Nem	9	GF Lonzo Rui	is mo.	C	ATTENDING PHYSICIAN	MEDICAL STAF		22c DATE 5-2	SIGNED
Detay.		Alfonzo Ruiz	M.D.		22e ADDRESS 9000 Frank	lin Square	Drive	2	1237

DHMH - 16 50M 4/83 (VRA 15, 4)

23h DATE

231. NAME OF CEMETERY OR CREMATORY

23d LOCATION
Fallston

Burial CREMATION REMOVAL Burial 6-1-87 Highview Cemetery
4 FUNERAL DIRECTOR 3331 Brehms Lane 21213 250. DATE
Schimunek Funeral Home, Inc.

Harford Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Adia Tivideon Randall

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3452 MAY	1	FOR STATE REGISTRAR			CERTIFICA	MARYLAND H AND MENTAL HYG TE OF DEATH	REG. NO		2	3 1
ay be		CEASED NAME FIRST	ohnathan D		UNG		26. DATE OF DEATH	5 5	87	11:06
ector. po	3. SE	× MALE	4. RACE WHITE		May 15,		6. AGE (IN YEARS LAST BIRTHDAY) NB YRS.		DER I YEAR	HOURS MIN
Poche direction of the second	11.	RTHPLACE (STATE OR FOREIGN COUNTRY) DWSON, Md.	75. CITIZEN OF WH	AT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED &	9 BALTIMORE CITY O BALTIMORE	R COUNTY OF	DEATH	^
bed within	10. C	TY OR TOWN OF DEATH	GBMC - 670	SPITAL, NURSING	G HOME OR OT	HER, INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF THE TENTE		B. KIND OI NDUSTRY	F BUSINESS C
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mpletely f	4 F/	ATHER'S NAME Phillip T. You	MIDDLE	LAST	15. /	NOTHER'S MAIDEN NA	ME MIDDLE MIDDLE	ma ave	LAST	
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g physician conpopers, removel,		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDI	only one cause per line SED BY: AN	TENCE PHA	LY BABY				APPROXI BETWEEN C	MATE INTERVAL INSET AND DEAT
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quires i signe then pl to buri njury, o	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONT	RIBUTING TO D	EATH BUT NOT	RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN II	V PART 11a	
on. has been t permit. I been prior ows any ii	CERTIFICATION	198 DATE OF OPERATION	196 CONDITIO	N FOR WHICH	OPERATION W	AS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES		
SICIAN: The		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH	NJURY MONTH DA		HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I	OR PART 2)	
Hendir Hendir The bu	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF (AT HOME, STREET,	INJURY FACTORY, OFFICE, FA		LOCATION	CITY OR TO	WN	COUNTY	STATE
spital or of Spital or of CTOR: After for use as of Health		22a I certify that (I) (this has saw the deceased alive a abave, (I) (we) (did) (did	<u>5~5</u>	19 8	7, and the	at in (my) (aur) apinion	, ta 5–5 death occurred an the do	. 19_ ate and hour and		that (I) (we) lo
DR A hos a h		776. SIGNATURE	mes-la	-,	M.O.	ATTENDING PHYSICIAN F	MEDICAL STAF		22c. DATE :	

DHMH - 16 60M 7/84 (VRA 15, 4) ⁷⁴ FUNERAL DIRECTOR
Burgee-Henss Funeral Home, Agrestimore, Md.

5-9-87

MYRNA MONTILIA, M.D.

230 BURIAL, CREMATION, REMOVAL Burial

ATORY PAGE 100 AND COUNTY AND COU

GBMC-6701 N.

23c. NAME OF CEMETERY OR CREMATORY

Crest Lawn

S24830

Parties of the second s

	1.	FOR STATE REGISTRAR	DEPARTMENT OF	ATE OF MARYLAND FHEALTH AND MENTAL HYGI IFICATE OF DEATH	IENES / REG. NO.	3 2 3 2
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4 may or pag	3 SE			E OF BIRTH	6 AGE (IN YERS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
inh. Po		RTHPLACE (STATE OR FOREIGN COUNTRY) MATYLAND	76 CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUN Baltimore	
by the fune filed within	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FIRST CAR.	12.007	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) 1 4 OUSEW! FE	126 KIND OF BUSINESS OR
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IYSICIAN: The low reding physicion. Is certificate has been buriol-tronsit permit. I Mental Hygiene prior or them 18 shape on yi	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERAT	ION WAS PERFORMED	200 AUTÓPSY? 20b. 4F IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
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UG PHYSICIA ottending pl frer this certif is the buriol: h and Mental	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIN spitol or CTOR: At for use of Healt		saw the deceased alive or	tal) attended the discosed from	ond that in (my) (our) opinion o	deoth occurred on the date and l	hour and from the couses stated
by the hor by the hor by the hor by the hor be detoched Stote Depti. If her		NGCLLU	DO, M.D.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	171. DAJE SIGNED
HOS bined FUN ould b		E/mb Ga	V 0 S 0	54/1 Old	Fredrick	Rd. 2/229
5 € 5 € ¥ ₹	33.	HIDIAL COCAMITION BEHOVE	TANK DATE 122 NAME OF	CEMETERY OR CREMATORY	Tast LOCATION	-/

231 NAME OF CEMETERY OR CREMATORY

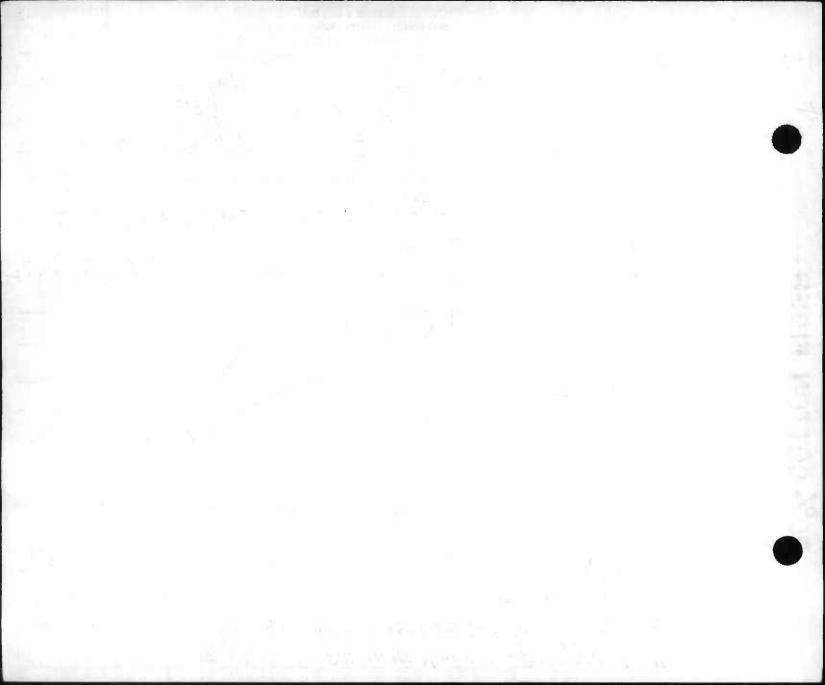
DHMH - 16 60M 7/B4

BP.

23s BURIAL CREMATION REMOVAL 23s DATE

MAY 15, 1987

(VRA 15, 4)



544	0 5 MAY	2h	FOR STATE REGISTRAR		Patrice	DEPART		MARYLAND MEALTH AND MENTAL HYD ICATE OF DEATH	REG		3 2	3 3	í
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TENDIN	TOR: Af for use a of Health		22a. I certify that (I) sow the decease above, (I) (me)	d alive on.	APTI	d7 19	7	notes 5, 19 80 and that in (my) (por) opinion	death occurred on the	e date and hour		that (1) (we)	
AL OR A	AL DIREC Jetached ste Dept. T: If Hem		226. SIGNATURE	(1) out	Brot		DEGREE ATTENDING PHYSICIAN	MEDICAL S DIRECTOR DEHY	TAFF	22c DATE	SIGNED 18	7
HOSPIT	oined by FUNERA ould be de th the Stat		22d. PHYSICIAN'S NA	DE (TYPE OF	OF OF			22e. ADDRESS 40	o forth	9210	21		
0	# 5 £ 3 ₹	22-	DUDIAL CDE MATION	054401444	Tan. 2 . 25	Las	MANE OF S	1	Jan LOCATION	4/5			

23c NAME OF CEMETERY OR CREMATORY 23 St. Stanislaus Cemetery

Bruzdzinski Funeral Home PA 1407 Old Eastern ave

Baltimore, Md. Md.

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL

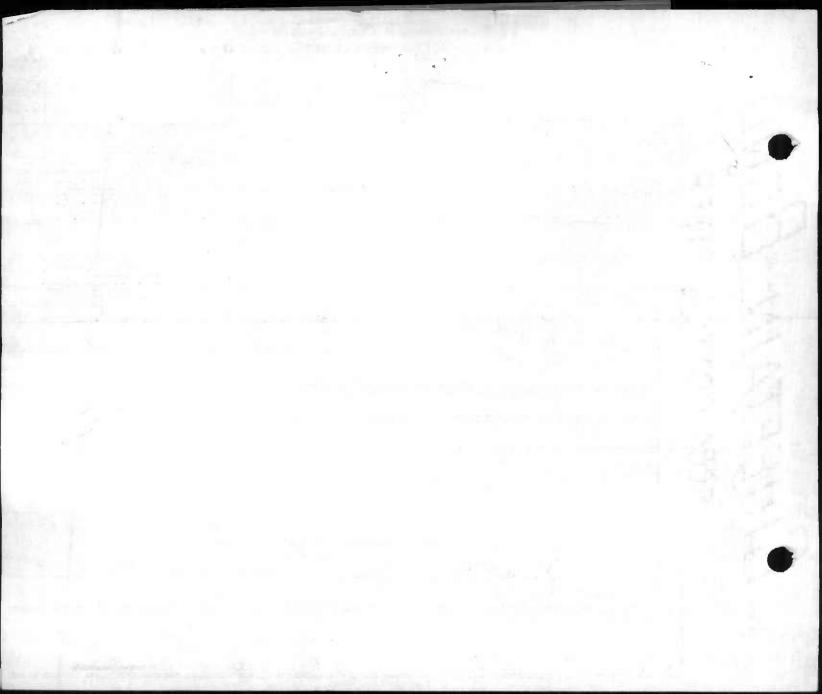
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24 FUNERAL DIRECTOR

236. DATE 5/20/87

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	CAL EX THE CEI SHOULE RALI DIII ATH, W		ACTUAL SIGNATURE	m	AY	1		м	Deputy Ch	nief	ICAL EXAM	INER	DATE	5	-1-8	7
	MEDI COUTE FUN FUN FUN FUN FUN FUN FUN FUN FUN FUN		EXAMINER'S NAME (TYPE OR PRINT)	Ann M.	Dixon,	M.D.						Balto.	, MD	21	.201	
	DAR DER -	23 a. B	URIAL, CREMATION, REM						RCREMATORY	CITY	CATION OR TOWN		COUR	4TY	STA	ATE
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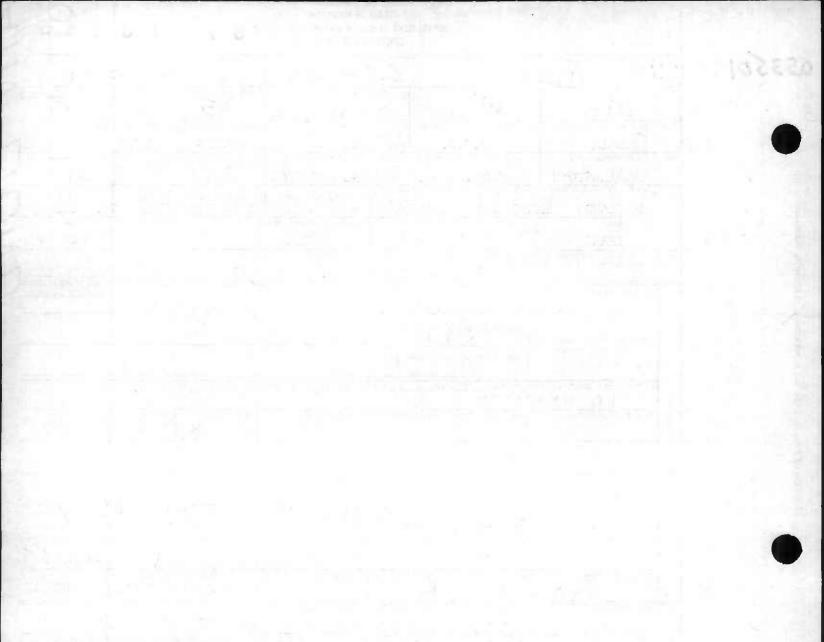
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-	MªCI	TY OR TOWN OF DEATH		SPITAL, NURSING I		ROTHER INSTITUTION		WORK FOR MOST OF		12b. KIND O INDUSTRY	F BUSINESS OR		
	, all	RANDALLSTOWN	BALTO	. COUNTY	GENE	RAL HOSPITAL		BBLER		SHOES	3		
24	USUA 130 S	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIV	VE RESIDENCE BEFORE ADI	MISSION)	13d. INSIDE CITY LIMITS?	113e.STRE	ET ADDRESS /	ZIP CODE				
-	6		ALTIMORE	BALTIM		YES NOXX	101	3 PARK	VALLEY	RD.	(21208)		
1	14. FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN N.	AME	WIDDLE		LAS			
96		ISAAC		ZEMLAK		ÎDA		MIODE		Ĩ	UNKNOWN		
2		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16	b. SOCIAL SECURIT	Y NO.	17. INFORMANT		ADDRE:	SS				
	,,,	NO	E WAR OR DATES)	218-32-5	225	MRS. DOROT	THY FI	NE 1013	PARK	VALLEY	Y RD21208		
		18. CAUSE OF DEATH (Enter or	nly one cause per lin	e for (a), (b), and (c	1,1			1		APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH		
		PART I. DEATH WAS CAUSE IMMEDIAT	D BY: TE CAUSE (a)	Cordi	σγε	2 prato	74	llvre	-S+	PATE			
			DUE TO OR A	S A CONSEQUENC	E OF								
		Conditions, if any, which	(b)	CHF									
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OK	TIFI						YES	MON [YES		NO 🗌		
	CEL	210. ACCIDENT WAS UNDERLYING			YEAR	21c. HOW INJURY OCCU	RRED (ENTE	R NATURE OF INJUR	Y IN ITEM 18 PAR	IT 1 OR PART 2)			
7	CAL	OR CONTRIBUTING CAUSE OF DEA	5111	Morring DAI	19								
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF	INJURY	ETC)	21f LOCATION STREET		CITY OR TOW	VN	COUNTY	STATE		
	2	AT WORK AT WORK	THE THOME, SINCE	, racioni, orrice, rans	, (()	1 7 07		11	1	87			
		22a.l certify that () (this hospi	ital) attended the	deceased fram	5	19.07	, to	5/6	11	90	that (i (we) last		
		saw the deceased alive on abave, (I) (we) (did) (did no	it) view the body of	ter death.	, on	d that in (my) (our) apiniai	n death acci	urred an the da	te and hour	and from the	causes stated		
		22b. SIGNATURE	1	-	, C	EGREE			1. F	22c. DATE	SIGNED		
		1 /			1	ATTENDING PHYSICIAN	MEDIC DIRECT	OR PHYSICI		14	16100		
	-	22d PHYSICIAN'S NAME (TYPE C	OR PRINT)	10		22e ADDRESS			/\				
51		M	FING	OME			BALT	O COUNT	Y GENI	ERAL HO	DSPITAL		
		BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NA/	AE OF CE	METERY OR CREMATORY	23d LC	OCATION		COLARY	57435		
	(BURIAL	5/7/87	RUE	OMER	VEREIN CEME	TERY	ROSEDA		BALTO			
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. 54	60	10°REISTERSTOWN	N RD. BAL	TIMORE, M	ID 21	.215 MA	Y13	1987	ma pa	1.000			

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbanpapers. P with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

retained by the haspital or attending physician. TO HOSPITAL OR ATTENDING PHYSICIAN: The

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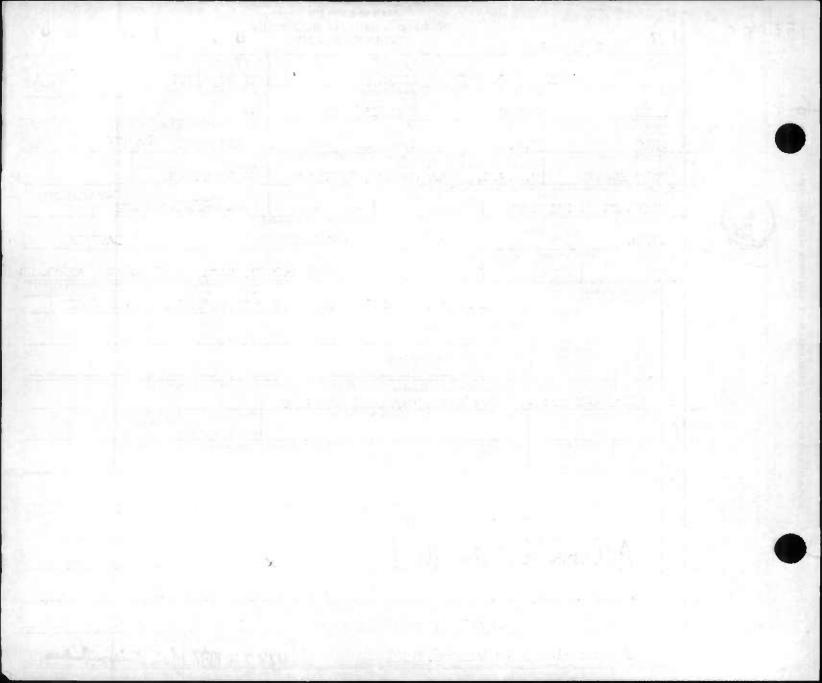


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理论	III. F	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAS	T
	/ 1	LOUIE			ZIETZ	Z	CATHERINE			LAURE	ERS
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				(c)							
Then p to bur	z	and the second second		_			NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVE	N IN PART 1	
	CERTIFICATION	PULMONARY					TIS MELLITUS N WAS PERFORMED	200 AUTOPSY?	Tank IE VES	WERE FINDIN	ICC LISED
	5	1146 DATE OF OPERAT	ION	198 CONL	THON FOR WHIC	H OPERATIO	IN WAS PERFORMED	200 AUTOPST!	IN CERTIFY	ING CAUSES	OF DEATH?
	- E							YES NO	YES		NO 🗌
ding physico s certificate t buriol-transit Mental Hygie		210. ACCIDENT WAS UND		I LIGHT A		DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	IRY IN ITEM IB PAI	RT (OR PART 2)	
nding particles of them	S	(IF EITHER NOTIFY MEDIC			.M.	19					
1 5 5 - 0	MEDICAL	21d INJURY OCCURR	ED		OF INJURY	EADM FIC	211 LOCATION	CITY OR TO	NWC	COUNTY	STATE
After the as the alth and morked	2	AT WORK AT WOR	K	(ATTIOME, S	TREET, PACTORT, OFFICE	E, FARM, ETC)					
or Se of mo		220.1 certify that (I)	(this hospi	tal) attended t	he deceased from	MAY	4 19.87	MAY 22	, 1	987	that (1) (we) lo
prital for us of He 21 is		220.1 certify that (1) sow the decease above, (1) (we) (d	d alive on	MAY 22		87	nd that in (my) (our) apinion	death occurred on the c	ate and hour	ond from the	couses stated
DIRECT DORECT DORPT.		22b. SIGN ATURE	id) (did no	1) view the bod	y after death.	ıA.	DEGREE			22c DATE	SIGNED
	100	ALLA	1202	(0,-1	an W	1.11	ATTENDING	, MEDICAL STA	FF		
by the RAI	-	22d PHYSICIAN'S NA	ME TYPE	0.000001	wa, w	CURE	PHYSICIAN	DIRECTOR PHYSI	CIANLX	15-22	-87
o FUNERAL D nauld be deta ith the State D APORTANT: If							ITE. ADDRESS				
etained by to FUNERAL shauld be detained with the State MPORTANT:		AURORA C					VA MEDICAL C		HOWAR	D. MD	21052
5 + 0 > 2	23a	BURIAL, CREMATION, F	REMOVAL				EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
BP		Burial		5/26	5/87 H	lollyHi	11Cemetery	MiddleRiv	ver Bal		
	24 F	UNERAL DIRECTOR						TE REC'D. BY REGISTRAF	256. REGISTR	AR'S SIGNAT	URE

dia Sinder Porder

DHMH - 16 60M 7/84 (VRA 15, 4)

ConnellyFuneralHome 300MaceAve.21221



	١.	FOR	DE		OF MARYLAND ALTH AND MENTAL HY	GIFNE		
101	ni	REGISTRAR			CATE OF DEATH	8 /REG. NO	. 1 3	2 3 7
ige 3 death		CEASED NAME FIRST Mar	y GLADY	s ZORN		May 16,1		2b HOUK 8:10p
rs after o	3. SE F	× EMALE	CAUCASIAN	5. DATE OF	87 ÖÎ	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER MONTHS YRS.	TYEAR IF UNDER 24 HRS DAYS HOURS MIN.
No. 75 Poor		RTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76 CITIZEN OF WHAT COU	NTDY2 A	NEVER MARRIED DIVORCED	Baltimore city of	R COUNTY OF DEA	ATH MD
Infiliated with		OSSVILLE	11. NAME OF HOSPITAL, N (#FNOT IN SUCHFACILITY, GIV FRANKLIN	OURSING HOME OF STREET ADDRESS) SQUARE	HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWII		KIND OF BUSINESS OR JSTRY
owld be	13a. S	AL RESIDENCE (IF NURSING HOME STATE 136 COL RYLAND BAI			13d. INSIDE CITY LIMITS? YES NO (X)	13e.STREET ADDRESS / 8023 OLJ	ZIP CODE D PHILAI	21237 DELPHIA R
	14. F/	JOHN	WIDDLE LA	TUCKE	S MATRY	WIDDLE	DEVE	EAÜX
Poges 1: Poges 1: medical		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (1F YES, C	D. H. C. L. L. D.		JOSEPH ZO	RN 1228 PR		ÆE.
carban papers, ar remaval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDI.	only one couse per lite for (a). SED BY: ATE CAUSE (a). DUE TO, OR AND A COM		cory Arrest	Accident	BE [']	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
lease remave carb ial, cremation, ar r or ather traumatic		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON		ai vascutar	Accident		
Then ple to burio injury, or	NO	PART 2 OTHER SIGNIFICANT	T CONDITIONS CONTRIBUTION	IG TO DEATH BUT N	IOT RELATED TO THE TER	MINAL DISEASE OR COND	OITION GIVEN IN PA	ART 1(o)
tene prior	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR V	which operation	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH?
ental Hyg		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJUR	Y IN ITEM TO PART TORP	ART 2)
or the by	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOV	wn cour	NTY STATE
od for use at of Neal			pital attended the deceased on May 16 not) view the body after death	_19 <u>.87</u> , and	that in (my) (our) apinio	n death occurred on the do		
Storte Dep		22d. PHYSICIAN'S NAME CTYPE	lustret.	2	ATTENDING PHYSICIAN 27e ADDRESS	MEDICAL STAF	FV	5/16/87
MPORTANT		Jeffrey	Schluederberg	g M.D.	9000 Fra	nklin Square	Drive	
		BURIAL, CREMATION, REMOVA URTAT,	23b. DATE		METERY OR CREMATORY	BALTO.	BAL	TO. M.

SACRED HEART

BATTO.

Latin BERS D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

M.

DHMH - 16 60M 7/B4

BP_

(VRA 15, 4)

24 FUNEAAL DIRECTOR

